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## FORMS AUTOMATION: WHERE TO BEGIN

Certified Public Managers Program  
Research Project  
March 26, 2002

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EXCELLENT --  
FURNISHED THE FORMAT,  
EXPLAINED EACH STEP  
IN THE PROCESS,  
& EVALUATED AN EVALUATION PROCESS,  
GIVES EXCELLENT RECOMMENDATIONS.

Shirley S. Hanna  
South Carolina Department of Social Services  
Graphics and Printing Unit  
Procurement

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## Introduction

The South Carolina Department of Social Services (SCDSS) formed a committee representative of all areas of the agency in an effort to:

1) Improve efficiency in business processes

(Meeting the challenge of increasing workloads with diminishing resources);

2) Improve customer service

(Providing self-service, avoiding visits to government offices and long lines and waits); and

3) Eliminate paper at the source

(Saving the agency time and money and improving the responsiveness to customers).

The committee, named the Forms Automation Committee, initially met on July 12, 2001.

During that first meeting, it became clear to the committee members of the enormity of the task to which they were charged. SCDSS has 1500+ official forms, which are forms authorized by the agency's executive staff and legal counsel as appropriate for use to conduct the agency's business.

## Problem Statement

The one constant theme as the committee met and began tackling the issue of forms automation was "What criteria can be used agencywide to prioritize the SCDSS official forms for automation?". The forms are vital tools used by staff in each of the agency's program areas to promote and provide services. These services, through education and nurturing, enable South Carolina citizens in need to become self-sufficient, contributing members of our society. As stated in the agency's Mission Statement, "The agency's goal is to help people live better lives."

## Operational Definitions

To clarify the problem statement, the following operational definitions are provided. As defined by Webster's New World Dictionary, **criteria** are "standards, rules or tests by which a judgment of something can be formed." **Agencywide** refers to all program areas that comprise the SCDSS, physically located in the state office and/or all 46 counties of South Carolina. As defined by The American Heritage Dictionary, **prioritize** means "to

arrange or deal with in order of importance.” **Official forms**, as stated earlier, are forms authorized by the agency’s executive staff and legal counsel as appropriate for use to conduct the agency’s business. As defined by American Heritage, **automation** is “the automatic operation or control of a process, equipment or a system.” For the purposes of this research project, automation refers to “forms that are designed, stored, filled in, processed and managed electronically.” (Jacobs/Struder, Forms Design II: The course for Paper and Electronic Forms, p. 235).

### **Sub-Problems**

The focus of this research project will be on the following sub-problems identified as possible criteria on which to base a priority judgment.

#### **1) Usage**

- To determine which forms are used agencywide.
- To determine which forms are used in the largest quantity.
- To determine which forms are ranked most important to perform the job duties.

#### **2) Costs**

- To determine which forms are the most costly to generate, including the time spent maintaining the forms, printing the forms, storing the forms, completing the forms and distributing the forms.

#### **3) Data**

- To determine which forms are or should be linked to a database and to identify the database.
- To determine if the data collected is active (used to generate reports, provide historical or biographical information, retrieved by searches, etc.) or static.
- To determine if there is an opportunity for cross data usage (the data collected can be shared from one program area to another).
- To determine which forms are best suited for electronic workflow where there is a predetermined series of computer work station to work station exchanges of information that require a specific form of action before the information is moved from one station to another.

- To determine which forms are utilized as templates only; the information filled in is not required for storage, retrieval or assessment after the form is completed and filed.

#### 4) Distribution

- To determine what is the necessary means of distribution for each form.
- To determine which form is used agencywide versus only within one particular program area (access by all employees or a limited number).
- To determine which forms can be completed on-line and stored in a database for electronic retrieval versus requiring a printed copy.
- To determine which forms can use an electronic signature versus an actual signature.

### **Data Collection**

The data collection methods selected to complete the necessary research are compilation of historical data and a survey. The compilation of historical data was conducted with the cooperation of several program areas: Graphics and Printing Unit, Procurement, SCDSS; Forms Distribution Center, Support Services, SCDSS; Information Systems, SCDSS; Finance, SCDSS; and the Printing Facility at the South Carolina Department of Corrections. Information concerning official forms was compiled from daily logs, distribution sheets and invoices dated July 1, 1999, through June 30, 2001, using Lotus Approach and Lotus 123 software. The two files were merged to provide the "Summary of Forms Ordered/Printed Based on Form Usage" (Attachment A) and "Summary of Forms Ordered/Printed Based on Form Printing Cost" (Attachment B).

A survey, titled "Forms Automation: Where to Begin" (Attachment C), containing questions that addressed each of the sub-problems: usage, costs, data and distribution was developed in Lotus Notes and distributed via Notes e-mail in late January to approximately 5000 SCDSS employees. The e-mail (Attachment D) consisted of a brief statement explaining the purpose of the survey and the role of the participants and a "Click Here" link to the survey. Each employee was asked to complete the survey and, using the "Submit Survey" button, send it to a predetermined Notes database. To encourage employee participation and to make the survey as user-friendly as possible, several "Helper Buttons"

were included. For a summary of the "Helper Buttons," see Attachment C, page 1, under General Help.

The goal is to obtain information that will answer each of the statements bulleted in the sub-problems identified earlier. An Information Systems (IS) employee used the Notes database to determine that there were approximately 600 participant responses to the survey, out of which 450 listed at least one form and the remaining participants clicked the "Submit Survey" button without entering any data. Using the survey responses of 450 employees, the IS employee compiled the data titled "Summary of User Survey" (Attachment E).

### **Data Analysis**

The first step in my data analysis was to review the "Top 20" forms listed from each report (Attachments A, B and E) and to eliminate the forms from the group that could not be automated. Forms that fell in any of the categories listed below were eliminated.

- 1) Forms already automated
- 2) Medical Support forms – the South Carolina Department of Health and Human Services will take control of administering the Medical Support Program from the SCDSS officially on July 1, 2002.
- 3) Other printed materials – these include bank deposit slips, brochures, flyers and notepads.

To identify these forms on each report (Attachments A, B and E), a black dot was placed beside the form number.

The second step was to make a list (Attachment F) of the remaining "Top 20" forms from each report (Attachments A, B and E) and to cross reference the forms to determine which ones were listed in the "Top 20" on all three reports. These forms are indicated in red on Attachment F, titled "Top 20 Forms." Forms listed in two of the three reports are indicated in green on Attachment F, titled "Top 20 Forms." A review of this list clearly indicated the automation of the "Top 10" forms from the historical data based on printing costs would maximize the largest percentage of the "Top 20" forms from each report: 95 percent on Attachment A, 75 percent on Attachment B and 85 percent on Attachment E

(Attachment F, titled "Top 10 Forms"). In addition, the agency would realize a substantial savings in printing and distribution costs by automating the "Top 10" forms (Attachment B under the column titled "Total Cost").

Next, each of the "Top 20" forms was weighted based on a combined ranking of cost, usage and user (Attachment F, titled "Top 20 Forms"). Using this method combines the importance of all three factors. Ranked from heaviest weight to lowest weight, the "Top 10" forms to be automated emerged (Attachment F, titled "Top 10 Forms").

The third step was to determine the best method of automation for each of the "Top 10" forms. Initially, the method was determined based on the compilation of data from Columns K, L, M, N, O and P on Attachment E. Also, a review of Attachment E indicated that each of the "Top 10" forms was ranked "important" by employees.

Based on the data analysis, my recommendation is to conduct a Pilot Study using the "Top 10" automated forms to determine if completion times decrease and to determine the level of employee satisfaction with the automated version (Attachment E, Columns I and J). The participants targeted in the study will be SCDSS state office employees and Richland and Lexington Counties employees and clients. The target dates for the study will be October 1, 2002, through June 30, 2003.

### Action Plan

Before the Pilot Study can begin, an Action Plan must be developed to automate the "Top 10" forms. The Action Plan steps are as follows.

STEP 1 in the plan is to schedule an interview session between IS and program area employees to review each form to determine if the suggested method of automation based on data from Attachment E is the best method. Attachment G lists each of the "Top 10" forms and the suggested method of automation based on data from the survey. This interview is designed to clarify the exact way in which each form is used, by whom and how it fits into the standard operating procedures. The program areas are Family Independence, Finance, Food Stamps and Human Resource Management. The time frame for Step 1 is two weeks (March 19-29).

STEP 2 is to assign each form to IS employees, using the method of automation and the

difficulty in performing the task as the basis for the assignments. For example, a form linked to the existing SACWIS or CHIPS systems will require a longer period of time to complete the automation process. Meeting time with program area employees throughout the automation process must be factored in and program area directors must provide final approval before the automated version is released. The time frame for Step 2 varies greatly from form to form, ranging from one to three months (April 1-June 30).

STEP 3 is to test each automated form by two employees from each program area listed in Step 1. Dialog between IS and program area employees will be established to solve any problem areas that may be identified. The time frame for Step 3 is two weeks (July 1-12).

STEP 4 is to train the remaining Pilot Study employees in the use of the automated forms. The training will be conducted in each program area by the two employees who tested the forms in Step 3. IS and Staff Development and Training (SD&T) employees will serve as consultants and provide training assistance as needed. Program area employees will in turn train their clients to use the automated forms. The time frame for Step 4 is three weeks (July 15-August 2).

Existing employees, office space and supplies, equipment and software will be used, therefore, the costs associated with the automation process and Pilot Study will be absorbed through the current administrative budgets.

The following potential obstacles have been identified: employees and/or clients with no computer and/or systems access, systems and/or software failure, additional training and security issues.

The issue of employees and/or clients with no computer and/or systems access will be addressed through supervisors working directly with their employees to establish a work process for shared computer time. In some program areas, walk up computer stations will be available.

Systems and/or software failures will be handled through our current "Help Desk" system. Help Desk employees are notified via Notes e-mail or the telephone of the problem, a work order is generated and assigned to an IS employee to make the repairs and the employee making the request is notified via e-mail of the work order number and time frame for repairs.



Requests for additional training will be addressed in one of two ways: a telephone call or e-mail to Help Desk employees for software usage clarifications or a call or e-mail to either of the two program area employees who provided the initial training. Solutions may be reached via the telephone, e-mail or through a scheduled meeting.

Security issues are more complex and will be addressed during the automation process to ensure the proper security safeguards were written into the forms' operating programs. During Step 3 of the Action Plan, the security safeguards will be tested. The legal issues of electronic signatures has already been researched by our General Counsel attorneys and copies of the supporting legislation have been distributed to Forms Automation Committee members.

Returning to the Action Plan, STEP 5 is to develop a follow-up survey to evaluate the success of the Pilot Study. Similar to Attachment E, the survey questions will focus on the completion times and the level of employee satisfaction with the automated forms. Using the same format and distribution process as with Attachment E, this survey will be distributed via Notes e-mail. It will have the same "Helper Buttons" and will be sent to a predetermined Notes database using the "Submit Survey" button. IS employees will use the Notes database to compile the data.

At their regularly scheduled meetings, the Forms Automation Committee members will hear reports from IS members describing the progress made and problems encountered. This provides an opportunity for discussion and feedback during the entire forms automation process and Pilot Study. These meetings are held every two weeks. The committee members are asked to return to their respective program areas and share the information with their supervisors and subordinates. These committee members serve as liaisons to their respective program areas so that communication flows in both directions.

To encourage the use of automated forms by making it easy for the SCDSS employees, a "Master Forms Index" (MFI) database was created in Approach. This index lists and contains pertinent information about every official DSS form and is updated daily by Procurement's Graphics and Printing employees. The MFI database is accessed via a link from the employee's Notes e-mail and is already a part of the standard operating procedures. To use an automated form, the employee opens the MFI database, highlights

the desired form number and by double clicking on the number activates a link to the form. The form appears on the screen and "Helper Buttons" are included to provide the employee with assistance. Again, the Help Desk and/or employees from the program areas will provide assistance as well.

### **Conclusion**

Based on the data analysis of this research project, my conclusion is that the following criteria: usage, costs, data and distribution can be used agencywide to prioritize the SCDSS official forms for automation.



## **SUMMARY OF ORDERED/PRINTED FORMS BASED ON USAGE**

### **ATTACHMENT A**

**Form Number:**  
Self-explanatory.

**Title:**  
The title of the form.

**Program Area Usage:**  
The number of different program areas/offices that requested the form.

**Number of Orders:**  
The total number of requests made for the form.

**Total Forms Ordered:**  
The total number of forms requested.

**Not Ordered FY00-01:**  
The hyphen indicates that a request for the form was not made during the fiscal year 2000-2001.

**Black Dot:**  
The black dot indicates the form should be eliminated from the "Top 20" because it is one of the following: form already automated, Medical Support form and/or other printed material.

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Forms Ordered"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
• 1217-2	Client Information Summary	2	49	2,054,800	\$0.00	-
• 3294	Year 2000 (Y2K) Emergency Medicaid Eligibility Not	1	1	1,500,000	\$1,310.00	-
3800	Application for the FI Program, FS Program, Medica	53	407	755,900	\$55,811.96	
1645	App. for Free and Reduced-Price Meals in Adult Car	2	5	725,000	\$514.80	
• 1217	Client Information Summary	52	444	665,600	\$7,884.02	
1245	Request for Wage Information	48	436	597,000	\$6,572.44	
1665	Benefit Group Composition Verification Form	44	418	582,100	\$6,394.55	
1667	Client Information Questionnaire	44	316	534,900	\$7,105.95	
• 3229	Notice of Approval/Denial Medical Assistance/Optio	49	416	518,000	\$5,966.18	
• 1420	Memorandum of Call	64	268	500,700	\$2,138.55	
3457	Application for Disaster Food Stamp Assistance R	1	1	500,000	\$1,170.00	-
• 2416	Know Your Civil Rights in Social Services Programs	62	423	474,721	\$17,012.20	
1421	Request for Leave	117	686	470,200	\$8,040.35	
• 3800-A	Your Rights and Responsibilities	50	324	426,480	\$6,222.19	
3800-B	FI/FS/Medicaid Policy on Confidential Information	49	222	409,580	\$5,525.47	
• 1416	Communication Slip	81	215	375,500	\$1,563.30	
1221	Public Assistance Client Contact Report	43	349	362,800	\$4,752.08	
2530	Worker Activity and Contacts	49	251	357,600	\$4,466.71	
1216	Voluntary Child Support/Contributions Form	43	301	326,100	\$3,909.07	
• 1233	Medicaid Eligibility Checklist	47	258	325,300	\$1,717.53	
• 1255	Verification of Real and Personal Property	46	287	321,300	\$3,723.13	
1672	Documentation Form/Interactive Interview	38	222	313,400	\$4,664.14	
3801-B	Interface Inquiry Results	41	115	312,800	\$3,407.73	
1669	Request to Applicant for Information	44	446	299,750	\$9,106.07	
1223	Request for Information from School Records	47	230	275,300	\$3,812.64	
2012	Landlord Statement	45	228	270,200	\$2,362.36	
1640	Prospective Budgeting Worksheet for Family Indepen	44	219	261,900	\$2,681.85	
• Voter Regi		35	179	254,600	\$0.00	-
• 3226-A	OCWII/RIBICOFF Worksheet	47	257	252,900	\$2,669.40	
• 3218	Vocational Rehabilitation Disability Report	43	140	252,250	\$8,849.83	
2726	Returned Child Support Referral	1	1	250,000	\$29.00	-
1695	Electronic Benefits Transfer Program EBT Card Rece	47	329	246,450	\$9,047.95	
• 3218-A	Authorization for Release for Information to the S	46	193	241,000	\$2,803.36	
1668	Authorization for Special Investigation	38	168	219,500	\$1,541.36	
1211	Request for Child Support Information	40	194	217,500	\$3,012.54	
1111	Receipt	37	104	214,000	\$7,520.00	-
1658	Request for Verification of Separate Household Sta	47	203	212,000	\$2,225.06	
24118-B	Card Holder	47	303	205,585	\$0.00	-
1766	Declaration Statement	47	211	204,200	\$2,231.36	
3456-A	Application for Disaster Food Stamp Assistance Add	1	1	200,000	\$192.00	-
3251	Notice of Proposed Action ?	47	361	196,900	\$7,986.80	
1639	Food Stamp Reporting Requirements	41	132	196,000	\$2,494.33	
1680	Possible Claim Referral Form	36	102	194,100	\$2,245.20	
1638	Mailed Recertification Process	38	99	184,400	\$2,340.53	
3213	ABD/QMB/SLMB Worksheet	46	155	181,800	\$2,868.55	
1269	Request for Support Services	45	228	180,500	\$8,835.05	
3901	Service Note Form	10	39	165,500	\$2,393.33	
1855	Employee Time Sheet	72	175	152,300	\$1,647.02	
3610	Teen Companion Letter of Introduction	36	48	150,100	\$1,672.43	
2702	Child Support Deduction Request to SC Employment	1	1	150,000	\$25.00	-
3072	Consent to Release Information	1	1	150,000	\$4,978.00	-
3708	Self-Directed Job Search Job Leads Worksheet	30	126	150,000	\$0.00	-
2700	Medical Assistance Child Support Referral Form	40	125	141,900	\$2,583.86	
1243	Units of Service Report	38	108	141,800	\$2,417.81	
1847	Employee of the Month Nomination Form	6	8	131,251	\$1,756.53	
3641	Family Planning Counseling Documentation Form	42	135	130,100	\$2,383.35	
1674	Weekly Menu Form	1	3	124,000	\$1,288.00	-
3218-B	Authorization for Release for Information to the S	37	81	123,800	\$1,463.70	
3214	Medicaid Review Form, Families and Children	49	225	122,600	\$2,964.70	
3062	Case Transfer and/or Case Staffing	44	189	118,000	\$5,302.02	

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Forms Ordered"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
1619	Change Report Form	38	275	116,000	\$3,480.00	
27100	Bank Deposit	42	82	114,050	\$8,692.58	
1632	Authorized Representative Designation Form	37	87	111,900	\$1,050.23	
3214-2	Medicaid for Low Income Families Worksheet	40	112	110,200	\$1,371.82	
3652	Teen Companion Program Data Entry Form	45	107	107,600	\$4,761.64	
1662	Recertification/Redetermination	31	94	103,100	\$924.14	
Voter Regi		22	38	98,700	\$0.00	-
3801	Workbook	1	1	98,000	\$8,793.40	
3226	Application for OCWI Optional Coverage for Women	46	182	97,355	\$5,270.00	
1729	Income Trust Budget Sheet	23	43	95,800	\$1,567.49	
3733	Family Independence Domestic Violence Information	38	69	93,000	\$1,203.49	
1828	Random Moment Time Study	1	4	91,200	\$0.00	-
27126	Order/Notice to Withhold Income for Child Support	4	26	90,700	\$1,357.28	
3287	How Healthy Are Your Children?	26	42	89,900	\$1,053.63	
3207	Medicaid Review Form, Adult-Related Programs	44	105	89,700	\$1,453.55	
3225	Vocational Rehabilitation Case Referral	44	133	89,050	\$1,981.90	
3762	Claim Your Earned Income Credit Handout	2	2	89,000	\$1,183.00	
3254	Transitional Medicaid Worksheet	37	66	89,000	\$689.14	
12113	Application/Verification for Lifeline Assistance	28	54	88,000	\$1,047.00	
3800-C	FI Information and Referral Services Determination	32	39	87,500	\$422.18	
3230	Medicaid Third Party Liability Data Collection For	43	111	85,200	\$1,497.51	
2727	Batch Control Header Automated Collection Procedur	2	3	85,100	\$539.55	
2443	Medicaid Program Handbook	50	157	83,714	\$19,577.20	
1670	Verification Form	32	75	81,600	\$962.80	
1234	Client Referral/Communication Form	47	292	81,500	\$4,456.60	
1802	Receptionist Log	31	94	79,900	\$1,390.95	
16160	App. for Free and Reduced-Price Meals in Child Car	3	9	79,000	\$1,377.73	
3622	Young Parent Program Assessment	23	28	78,600	\$1,227.97	
1230	Family Plan: Part A ?	46	135	77,450	\$1,577.32	
2444	Food Stamp Employment and Training Program	35	108	76,975	\$2,262.98	
1807	Master File Card	25	102	76,500	\$698.62	
3816-C	Child Support Referral Custodial Parent Data	39	97	76,000	\$1,489.72	
3638	Case Plan	38	91	75,150	\$1,905.24	
3713	Authorization and Payment Invoice	44	193	74,700	\$9,086.40	
12108	Verification of Receipt of Family Independence (FI	17	37	74,200	\$1,383.40	
12114	Client Referral Survey	30	37	72,500	\$484.54	
1230-C	Family Plan: Part C ?	32	37	72,300	\$484.54	
1296-A	Medical Assistance Only (MAO) Institutional Budget	41	90	72,000	\$1,290.55	
1296	Medicaid App. for Nursing Home, Waiver Services, G	40	144	71,875	\$3,513.08	
3704	Time Limit Extension Summary	28	56	71,300	\$852.85	
1247	Physician's Statement	45	149	71,150	\$2,809.46	
2612	Request for Criminal Background Check	57	151	69,050	\$2,949.20	
1203	Request for Replacement Medicaid Identification Ca	32	85	68,900	\$738.47	
1280	Verification of Life Insurance Values	29	84	68,700	\$1,122.69	
1262	Benefits Inquiry	27	49	68,600	\$1,187.42	
3720	Health Insurance Claim Form	31	53	68,500	\$904.20	
1253	Request for Financial Investigation	42	140	68,000	\$3,567.52	
3812	Economic Service Case Review Sheet	25	62	66,900	\$773.62	
1296-B	Optional State Supplementation Worksheet	35	54	65,800	\$777.18	
1652	Production Record A.M.	3	8	65,500	\$1,044.95	
1716	Request for Medicaid ID Number	19	48	65,300	\$1,107.63	
3218-1	Insert for Vocational Rehabilitation Referral for	24	33	65,200	\$453.68	
2601	Civil Rights Discrimination Complaint Form	46	98	64,400	\$972.66	
3603	Youth Programs Checklist and Referral Form	41	101	64,150	\$2,604.97	
27178	Order of Financial Responsibility	2	3	64,000	\$2,116.00	
3259	Application for Medical Assistance Aged, Blind and	46	176	63,590	\$5,087.20	
3641-A	Service/Activity Continuation Form	35	71	62,929	\$1,242.43	
3238	CIS Correction Request	45	150	62,350	\$2,701.99	
3218-C	Buy-In Accretion Request	23	28	62,000	\$453.68	
3633	Lesson Plan	23	38	61,400	\$1,052.98	

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Forms Ordered"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
2900	General Record and Statement of Child's Health for	12	19	61,300	\$877.22	
3734	Family Independence Domestic Violence Waiver Ass	29	38	61,200	\$804.11	
2924	Permission Form for Child Protective Services Cent	8	16	61,200	\$700.56	
2410	Fair Hearings	34	133	61,000	\$2,508.00	
1230-D		25	29	60,000	\$484.54	
3034	Child Protective Services: A Guide for Parents	44	159	59,400	\$2,385.00	
2700-1	Custodial Parents Application for Child Support Se	42	144	59,263	\$4,950.65	
27177	Order of Default	2	3	59,000	\$2,022.00	
PD-10-D		63	182	58,866	\$5,297.94	
2926	Health Assessment Form	9	16	58,200	\$460.50	
3735	Family Independence Application Information Your K	32	62	57,960	\$1,099.20	
3297	Notice of Medicaid Action Following Reinstatement	19	20	57,100	\$472.60	
3205	Case Request/Transfer Form	46	134	55,800	\$2,209.44	
3607	Basic Assessment Form	46	97	55,600	\$1,819.48	
12114-A	Key for the Client Referral Survey, DSS Form 12114	23	25	55,200	\$484.54	
3087	Case Plan -- Safety Issues	40	134	54,900	\$2,888.82	
1307	Time Analysis Schedule	41	68	54,300	\$695.29	
3807-A	Mailed Recertification Form	37	68	54,100	\$1,174.20	
3641-C	Supportive Life Skills Activity Documentation Form	20	23	53,100	\$392.43	
2633	Request for Fair Hearing	30	51	52,755	\$1,558.73	
1644	Meal Count Record	1	4	52,500	\$221.50	-
3641-B	Family Planning Education Documentation Form	19	21	52,400	\$392.43	
3249	Verification of Application for Social Security Nu	13	40	51,950	\$2,555.74	
3611	Termination Notice	20	34	51,600	\$531.80	
3634	Rights and Responsibilities	41	90	51,450	\$1,340.13	
16114	Food Stamp Quality Control Review Sheet	19	22	50,500	\$799.37	
3606	Case Control Log	17	29	50,300	\$488.81	
3284	SSI-Related Review Form Cover Letter	36	114	50,150	\$1,860.25	
30165	Criminal Court Data	1	1	50,000	\$607.00	-
1249	Work Experience/Workfare Provider Agreement	19	25	49,200	\$1,291.66	
1659	Request for Info. on Individuals Incarcerated in F	17	24	49,100	\$565.28	
1646	Roster of Food Pgm. Participants (Free and Reduced	3	4	49,000	\$314.30	
1248	Work Experience/Workfare Participant Agreement	17	24	49,000	\$1,314.21	
2703	Civil Contempt Order	10	29	47,600	\$1,302.80	
24118	Questions & Answers & Facts About EBT	44	133	47,245	\$0.00	-
1541	Homemaker Services Rendered	27	59	46,300	\$934.47	
3746	Head of Household Designation (Food Stamps)	24	79	46,000	\$2,336.80	
1675	Mailed Recertification Form Request for Additional	24	58	45,900	\$532.44	
3266-A	Continuing Disability Review (CDR) Notice	10	11	45,500	\$454.05	
3635	Notification of Session Absence	12	15	45,300	\$392.43	
3220	OCWI Medicaid Review Documentation Sheet	27	51	44,700	\$570.77	
1649	Request for Information on Individuals Incarcerate	20	32	44,300	\$531.67	
12106	S.C. Family Independence Act of 1995 An Overview	21	31	44,179	\$553.78	
27113 P1	File Control	6	15	43,000	\$765.00	
3604	Release of Information	46	113	43,000	\$1,487.80	
3059	A License is Hereby Granted to (Foster Care)	23	30	43,000	\$1,033.00	
2422	Questions and Answers About Food Stamps	30	105	42,925	\$1,281.75	
30156	County Flex Funds Cumulative Record	34	56	42,700	\$847.82	
3816-B	Child Support Referral Absent Parent Data	34	104	41,990	\$1,259.70	
2902	Application to Operate a Child Day Care Facility	8	11	41,900	\$452.86	
1728	SSI Recipient Request for Optional State Supplemen	17	27	41,700	\$490.60	
1643	Milk Inventory	1	2	40,020	\$159.00	-
1074	Employment Security Commission Inquiry	6	40	40,000	\$521.80	
24118-A		41	110	39,900	\$0.00	-
536	Travel Support Document	32	70	39,700	\$618.50	
2710-1	Blood Test Fee Form (Greenville Reg. V)	3	6	39,650	\$362.63	
27113 P2	File Control	6	12	39,000	\$673.90	
3001	Our Children, Our Future	22	35	38,840	\$0.00	-
3291	TEFRA In-Home Care Certification	11	19	38,700	\$350.00	-
16150	Individual Infant Meal Record	2	3	38,500	\$143.50	

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Forms Ordered"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
27151	Child Support Obligation: Worksheet A	10	20	38,350	\$1,693.49	
1189	State Treasurer Bank Deposit	33	69	38,200	\$5,159.96	
27125	Payor's Answer	1	20	38,100	\$463.34	
1229	Assessment Summary	33	49	38,000	\$583.01	
3612	Parent/Guardian Permission Form	42	93	37,950	\$1,401.78	
3091	Child Welfare Services Face Sheet	26	54	37,100	\$617.67	
1230-B	Family Plan: Part B ?	31	38	36,900	\$452.66	
3027-2		32	77	36,600	\$2,084.40	
27154	Questionnaire	1	8	36,500	\$432.40	
3621	Unable to Locate	4	5	36,500	\$392.43	
2901	Medical Statement Child Day Care Facilities	8	10	35,800	\$445.50	
3027-1		34	77	35,350	\$1,636.81	
1648	Administrative Consent Agreement Waiver of Hearing	15	19	35,000	\$1,265.30	
3617	Recreation and Activity Permission Form	33	79	34,550	\$832.76	
DHHS 521		41	94	34,400	\$1,310.00	
3070	Determination Fact Sheet	30	76	34,350	\$1,631.91	
2909	Family Day Care Home Consumer Parent (Statement	8	16	33,850	\$1,335.97	
3608	Disciplinary Action	38	84	33,850	\$1,319.73	
3605	Support Letter to Parent/Guardian	2	2	33,300	\$539.98	
2794	Order	6	8	32,250	\$1,334.50	
1207	Vital Statistics Verification	20	47	31,700	\$398.56	
16156	Educational Income/Deduction Verification	21	34	31,600	\$641.88	
1766-A	Development of Burial Exclusion	28	82	31,000	\$1,475.56	
3066	Caring for Children... Caring for Families... Cari	23	39	30,825	\$0.00	-
2619-A	Account of Claim Activity/Report	22	37	30,600	\$413.10	
3707	FI Staffing Summary	37	66	30,575	\$1,012.82	
1415	State of South Carolina Position Description	18	21	30,550	\$828.00	-
30126	Interstate Compact Report on Child's Placement Sta	28	41	30,550	\$1,140.15	
1282	Acknowledgement of Responsibilities Authorized Rep	35	87	30,350	\$1,451.73	
3631	Teen Companion Program Home Contact Appointme	36	57	30,150	\$1,526.16	
12115	Post Employment Documentation Form	24	27	30,050	\$534.56	
1575	Informacion de Historia Familiar	12	19	29,400	\$337.38	
1693	FS Program Request for Electronic Benefits Convers	23	32	29,150	\$811.74	
1553	Personal Care Services Daily Log	6	22	29,000	\$529.86	
27179	Agreement to Submit to Genetic Tests	7	13	28,150	\$1,289.92	
1411	Human Resources Transaction/Salary Form	89	243	27,800	\$2,992.01	
1253-A	Request for Financial Investigation Supplement	14	31	27,800	\$317.63	
3049	Interstate Compact Placement Request	25	35	27,625	\$1,360.13	
3266	Vocational Rehabilitation Referral Report of Conti	27	38	27,500	\$1,135.03	
1600	Communication Form	30	76	27,450	\$1,186.38	
1227	Family Support Assessment Survey	30	73	27,450	\$858.56	
1647	Food Stamp Employment and Training Program Com	22	44	26,350	\$1,399.41	
1473	Agency Clearance Record	19	28	26,100	\$323.42	
2503		23	52	26,000	\$0.00	-
3717	Participation Agreement	22	33	25,900	\$471.38	
27127	Notice of Termination of Employment	1	18	25,700	\$304.11	
1231	Request for Assessment for Level of Care	30	65	25,250	\$1,097.00	
3040	Information for Indicated Child Protective Service	23	35	24,750	\$633.71	
1867	Planned Itinerary	18	35	24,700	\$283.47	
3071	Notice of Emergency Custody Actions	27	37	24,700	\$433.20	
2963	Child Day Care Center List of Children	5	11	24,500	\$902.20	
3065	Notice of Unfounded Investigations	27	62	24,450	\$1,243.11	
27178 P1	Order of Financial Responsibility	8	26	24,125	\$2,074.25	
1595	Adult Protective Services Reporting Form	33	61	23,600	\$632.37	
1741	Title XIX Medicaid Eligibility Authorization Form	25	90	23,550	\$3,216.01	
3004	Children and Family Services Child Care Program Au	16	23	23,300	\$293.70	
2779	Order of Continuance	6	8	23,250	\$740.93	
2719	Change of Custodial Parent's Application for Child	3	3	21,800	\$248.31	
1264	Good Cause Determination/Conciliation Process	30	58	21,750	\$983.10	
24116	Medicaid Estate Recovery and You	25	57	21,350	\$213.50	

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Forms Ordered"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
3269	Letter of Notification ?	13	25	21,000	\$256.20	
3766	200% Federal Poverty Level Determination and Decla	1	2	21,000	\$363.00	
2022	FI Work Program Case Participation Checklist	26	41	20,900	\$264.28	
3073	Notice of the Reopening of a Child Protective Serv	19	28	20,850	\$979.69	
1226	Family Support Home Visit Checklist	19	28	20,800	\$364.00	
3703	Declaration of Cooperation	16	26	20,800	\$226.03	
27178 P2	Order of Financial Responsibility	8	23	20,750	\$861.90	
1538	DSS Transportation Log	4	14	20,700	\$323.27	
P-4		27	40	20,400	\$369.02	
1482	Delivery Receipt	25	79	20,350	\$342.50	
3046	Special Pay Request for Foster Care Clients	21	31	20,350	\$891.33	
2964	Current Child Day Care Facility Staff/Caregiver In	5	9	20,250	\$649.50	
1463	Universal Name/Address Change Form	9	11	20,000	\$207.00	-
1558	Community Resource Development Monthly Report o	22	27	19,900	\$234.40	
3023	Notice of Meeting of the Foster Care Review Board	16	18	19,700	\$237.99	
1272	Request for Financial Verification from Medical Fa	23	29	19,500	\$285.14	
3700	Family Independence ?	23	36	19,255	\$815.50	
27103	Non-Custodial Parent's Application for Child Suppo	22	33	19,232	\$1,039.92	
3816-A	Child Support Referral Child Data	20	26	19,000	\$334.28	
1599	Case Evaluation/Case Closure Summary	19	31	18,600	\$248.37	
16149	Meal Record for Infants	2	2	18,500	\$118.50	
2925-A	Staff Evidence of Non-Conviction	3	4	18,500	\$226.55	
1407	Family Medical Leave Act Employee Notification	9	13	18,300	\$294.24	
1468	Employee Election of Options ?	8	10	18,100	\$195.00	-
1296-C	Medicaid Institutional/Waiver Addendum	27	45	17,450	\$696.22	
1212	Request for Veterans Information	20	25	17,000	\$203.80	
2716	Registration Statement	4	7	17,000	\$192.10	
2100	Training Record	20	33	17,000	\$269.20	
3649	Teen Futures... Success is Right Around the Corner	17	32	16,700	\$1,670.00	
2738	Foster Care ?	21	28	16,600	\$311.12	
3244	Extension of the Standard of Promptness	16	26	16,500	\$220.01	
2905	Sanitation Inspection Request: Child Day Care Faci	5	5	16,500	\$214.20	
3076	Service Agreement	15	22	16,200	\$170.61	
3747	Food Stamp Employment and Training Program ?	19	23	16,200	\$289.98	
30133	Children's Services Case Evaluation/Case Closure S	14	23	16,100	\$175.49	
3245-A	Transitional Report Form	13	14	16,000	\$538.25	
30157	Title IV-A Emergency Assistance Services Applicati	21	30	15,800	\$271.87	
3074	Central Registry Information for Indicated Child P	16	21	15,600	\$617.72	
3218-I		18	25	15,200	\$168.72	-
2941	Fire Inspection Request: Child Day Care Facility	5	6	15,200	\$219.20	
3714	Authorization and Payment Invoice for Child Care P	22	27	15,175	\$1,939.08	
1400	Request for Announcement of Vacancy	16	17	15,100	\$192.88	
2722	Action Verification Document Action Code D6	1	2	15,000	\$194.00	-
3061	Central Registry Information for Indicated Child P	20	23	14,850	\$473.47	
3215	Pregnancy Verification	13	23	14,500	\$174.00	
3764 P1	FI Time Limit Closure Follow-Up Assessment	22	31	13,850	\$517.99	
1430	Statement of Candidate for Employment	26	29	13,800	\$235.13	
1513	Original Licensing/Relicensing/Changes for Foster	20	25	13,700	\$242.10	
3648	Grades and Attendance Form	15	18	13,700	\$161.47	
3755	Family Independence Work Program Exemption Ackn	22	40	13,550	\$628.72	
2734	Child Support Enforcement Transmittal #1 ?	7	9	13,500	\$0.00	-
1808	Case Control Card	10	27	13,500	\$151.20	
27114	Request for Voluntary Wage Withholding	2	15	13,500	\$159.00	
1277	Intent to Return Home Statement	12	19	13,400	\$169.22	
3727	Job Search Assignment Notice	13	18	13,300	\$242.06	
27177 P2	Order of Default	7	10	13,250	\$235.20	
12111	Pocket Resume	23	39	13,150	\$263.00	
1905	Referral for Field Operations and IV-E Eligibility	20	33	13,100	\$900.22	
1479	Record of Long Distance Calls	10	17	13,100	\$149.28	
1650	Child and Adult Care Food Program Child Enrollment	1	2	13,000	\$248.20	



# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Forms Ordered"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
1841	Name Card	15	27	12,900	\$516.00	
3650	Quarterly Home Visit Documentation	19	22	12,800	\$144.64	
27177 P1	Order of Default	7	9	12,750	\$545.70	
3314	Claim for Reimbursement At-Risk Afterschool Snac	1	1	12,500	\$42.54	-
2929	Regulatory Complaint Intake Form ?	5	5	12,500	\$237.75	
2619-B	Account of Claim Activity/Report Part 2 (IPV/FR)	9	12	12,500	\$176.93	
27183	Notice of Continuance of Negotiation Conference	7	20	12,450	\$1,243.86	
30137	Investigative Matrix	27	87	12,240	\$1,590.00	
16145	Appointment Schedule	10	15	12,200	\$189.02	
3602	Teen Companion Attendance Sheet	13	22	12,200	\$186.32	
16161	Healthy Helpings ?	10	11	12,020	\$0.00	-
2942	On-Site Visit/Deficiency Citation for Day Care Fac	5	8	12,020	\$952.20	
3626	Youth Individual Self-Sufficiency Plan	22	25	11,675	\$361.31	
1610	Volunteer Service Verification Form	11	14	11,500	\$204.70	
1590	Community Resouce Development Volunteer Travel	11	17	11,400	\$200.16	
3653	Young Parent Program Monthly Report	3	3	11,400	\$124.88	
3769	On-The-Job Training Invoice and Attendance/Perform	12	15	11,375	\$1,128.28	
3616	Media Parent/Guardian Permission Form	7	10	11,300	\$53.11	
3764 P2	FI Time Limit Closure Follow-Up Assessment	18	28	11,050	\$486.20	
27171	Certificate	2	3	11,000	\$568.40	
15107	Community Resource Development Volunteer Applic	12	14	11,000	\$129.80	
3016	Case Plan -- Treatment Services	11	18	10,950	\$416.82	
1235	Manufacturers' Coupons ?	12	20	10,900	\$0.00	-
27120	Certificate of Mailing	1	8	10,900	\$120.16	
2713	Affidavit In Support of Establishing Paternity	6	10	10,850	\$239.44	
1835	While You Were Out Door Hanger	25	56	10,825	\$324.75	
3021	CPS Investigation Summary	5	6	10,700	\$110.58	
1219	Request for Authorization to Make Protective Payme	3	4	10,500	\$170.10	
27119	Clerk's Notice of Modification, Suspension, Reduct	1	12	10,100	\$123.67	
2457	Medical Assistance Only	16	27	10,100	\$303.00	
3765	60 Day Assessment Tally	15	17	10,100	\$166.65	
3456	Application for Disaster Food Stamp Assistance	1	1	10,000	\$1,303.00	-
2627-A	Repayment Agreement and Acknowledgment of Debt	1	1	10,000	\$125.00	-
3296	Buy-In Input Data	1	1	10,000	\$123.20	-
1652-1	Production Record P.M.	1	1	10,000	\$182.00	-
1240-B-1	Letter of Notification (SSI Medicaid)	1	1	10,000	\$186.55	-
1559	Adult Services Intake Worksheet	28	58	9,900	\$633.66	
3767	On-The-Job Training Agreement	15	18	9,825	\$1,006.82	
3035	Foster Child Progress Report	16	19	9,800	\$121.52	
1634-B	Affidavit of Loss Due to a Benefit Group Misfortun	21	30	9,800	\$482.16	
3298	Ex Parte Checklist	14	14	9,800	\$472.60	
2005	Quality Control Listing of Case Records	6	12	9,800	\$121.64	
2424	Non-Discriminatory Practices SC Regulations Chapte	13	27	9,775	\$1,270.75	
3260	Request for Fair Hearing for Medicaid Applicant/Re	17	34	9,700	\$0.00	-
2483	Keep Your Home and Children Safe From Fire	13	33	9,625	\$334.75	
1434	Certification of Non-Conviction	13	16	9,300	\$174.84	
3290	Application for TEFRA Medicaid Coverage	10	15	9,200	\$167.44	
16157	Verification of Pharmacy/Physician Costs	9	10	9,100	\$109.71	
2908	Family Day Care Home Reference Release (Stateme	3	4	9,000	\$479.40	
1873	Records Management Label	9	11	8,900	\$36.34	
3093	Relinquishment for Adoption	13	19	8,866	\$184.29	
1636	Self-Employment Other Than Farming	10	16	8,800	\$111.76	
3081	IV-E Checklist	7	11	8,700	\$0.00	-
2744	License Revocation Repayment Agreement and Admi	7	7	8,700	\$254.85	
3286	Medicaid Eligibility Request for Alcohol or Drug T	12	14	8,700	\$139.20	
3768	On-The-Job Training Contract	16	18	8,625	\$891.86	
3068	Application for Individuals Under 21 Years of Age	21	28	8,600	\$677.34	
1539	Homemaker Services Work Plan Calendar	17	25	8,600	\$680.80	
3009	Child Protective Services Control Log	11	11	8,600	\$178.88	
2922	Application: Original or Renewal Registration of F	3	4	8,500	\$171.70	

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Forms Ordered"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
1903	Case Review and Change Report for IV-E Foster Car	20	32	8,500	\$560.44	
1564	Adult Services Face Sheet Client and Household Me	15	27	8,400	\$280.08	
3070-A	Supplemental Determination Fact Sheet	16	27	8,400	\$352.24	
30129	Adoption Reimbursement Request	2	3	8,400	\$1,601.40	
30132	Child Placement/Treatment Plan	16	20	8,300	\$331.14	
2955	S.C. Child Day Care Licensing Law	8	32	8,251	\$1,352.26	-
1850	Requisition for Printing Services	66	101	8,225	\$951.65	
2408	Administrative Disqualification Hearings	18	22	8,200	\$5.00	-
2943	Summary of Child Care Facilities	1	2	8,200	\$172.09	
2945	Current Child Day Care Facility List of Children	1	2	8,200	\$112.93	
2946	Current Child Day Care Facility Staff/Caregiver	1	2	8,200	\$113.26	
1297	Request for Verification South Carolina Retirement	6	7	8,000	\$74.60	
1523	Receipt for Contributions	9	13	8,000	\$84.00	
1500	Central Registry Index	1	2	8,000	\$69.07	
1576	Childs's Developmental History	4	4	8,000	\$325.94	
3706	Family Independence Workforce Development ?	11	13	7,905	\$798.70	
1239	Notice of Proposed Action/Economic Services Progra	11	14	7,900	\$106.77	
2101	External Training Activity Report	5	5	7,800	\$99.10	
2944	Original or Continuing Registration Study for a Fa	1	2	7,600	\$106.30	
30107	Authorization Release of Information State Law Enf	6	16	7,600	\$89.69	
12101	Employment and Training Tracking Document	19	28	7,550	\$333.71	
3042	Affidavit for Alternative Placement	20	24	7,550	\$176.34	
1657	Daily Menu Production Worksheet	2	2	7,500	\$138.65	
3273	Communication Letter ?	5	5	7,500	\$89.25	
2414	Teen Companion Program	10	18	7,450	\$223.50	
3629	Teen Companion Monthly Report	15	25	7,250	\$129.05	
W-9		9	14	7,200	\$125.22	
1250-A	Regular Foster Care Worksheet and Budgeting Recor	7	8	7,200	\$135.36	
1431	Orientation Checklist and Employment Notification	22	28	7,150	\$328.90	
569	Requisition for Forms, Publications or Supplies	67	99	7,050	\$620.40	
1510	Physical Examination Blank for Foster Parent	12	12	7,000	\$87.56	
3029	Child Protective Services Central Registry Inquiri	6	8	7,000	\$128.20	
3458	Disaster Food Stamp Assistance Affidavit of Loss	1	2	6,800	\$470.00	-
30133-A	Case Assessment/Case Reassessment/Case Evaluat	4	6	6,800	\$127.84	
1837	Leave Transfer Program Recipient Request	8	9	6,800	\$79.43	
1601	Referral to Human Services	14	21	6,750	\$75.60	
3601	Schedule for Sessions and Activities	9	12	6,700	\$79.06	
1164	Purchase of Service Reimbursement Request	10	20	6,700	\$80.40	
30131	Parent Placement/Treatment Plan	19	22	6,600	\$378.44	
1597-B	Foster Care Review Summary Update	10	11	6,600	\$118.14	
DMVM 3/7		14	28	6,600	\$396.00	
3264	OSS Slot Reservation Form	30	43	6,575	\$769.93	
2717	Locate Data Sheet	2	3	6,500	\$68.25	
1423	Statement of Understanding for Temporary Employm	23	24	6,400	\$0.00	-
DMVM 3/7		15	32	6,400	\$384.00	
3075	Foster Parent Loss/Claim Form	5	5	6,400	\$101.27	
27104	Child Support Application	3	9	6,200	\$0.00	-
3078	Assessment Analysis	10	12	6,200	\$209.56	-
3275	Medicaid Income Trust Transmittal Form	4	8	6,200	\$75.64	
1279	WTA Budget Sheet	7	10	6,200	\$112.84	
1408	Individual Record of Absense	18	20	6,200	\$78.41	
1158	Accounts Receivable Certification	3	4	6,150	\$305.04	
1811	Caseworker Communication Memo	5	14	6,100	\$78.08	
2735	Child Support Enforcement Transmittal #2 ?	3	3	6,000	\$0.00	-
1552-A	Client Notice	4	4	6,000	\$75.30	
2736	Child Support Enforcement Transmittal #3 ?	3	3	6,000	\$192.00	
2493	Daniel's Law	12	13	5,900	\$0.00	-
1258	Medicaid Supervisory Case Action Review	11	13	5,900	\$266.68	
24126	South Carolina Family Independence Information and	10	12	5,850	\$0.00	-
2960	Regulations for Family Day Care Homes	9	23	5,820	\$1,021.80	

**Summary of Ordered/Printed Forms**

FY99-00 through FY00-01

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Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
3037	Face Sheet Continuation	6	8	5,800	\$109.04	
2792	Order for Dismissal	3	3	5,750	\$308.85	
1414	Employee Data Form	13	15	5,700	\$0.00	-
1165	Service Provision Log	10	13	5,700	\$132.81	
27184	Notice of Hearing	6	10	5,650	\$411.32	
3628	Case Record Contract Compliance Sheet	12	16	5,650	\$187.93	
27185	Affidavit of Default	5	8	5,625	\$346.50	
2728	General Testimony	8	15	5,625	\$856.25	
1273	South Carolina Combined Application Project	9	12	5,600	\$0.00	-
3050	Bi-Annual Review of Eligibility for Foster Care Fu	3	6	5,600	\$105.28	
1298	Collateral Contact Form	8	9	5,600	\$98.56	
2953	Regulations for Private and Public Child Day Care	8	24	5,585	\$4,619.70	
2419	Adoption Guidelines and Steps to Adoption	7	19	5,500	\$12.00	-
2925	Director/Staff Evidence on Non-Conviction and Stat	3	3	5,500	\$86.90	
1475	Employee Identification Data Sheet	15	19	5,500	\$70.40	
16123	Authorization to Prosecute	6	8	5,400	\$76.32	
1825	Authorization Agreement for Electronic Deposits	25	30	5,400	\$231.12	
3723	Family Independence/Work Program Case Review/St	9	12	5,300	\$165.36	
1700	FI to Medicaid Transmittal Sheet	13	19	5,300	\$223.66	
1826-A	Employee Performance Management System	18	32	5,265	\$135.30	
16162	Making the FS Program and Other Nutrition Program	9	10	5,250	\$0.00	-
27182	Verified Affidavit of the Mother	5	10	5,250	\$497.80	
3033	S.C. Victim Statement	7	7	5,200	\$58.84	
15103	Service Agreement	11	14	5,200	\$223.60	
1435	Request for Salary Approval	35	38	5,100	\$298.86	
1577	Request for Payment Auth. Adult Protective Service	11	16	5,050	\$274.72	
27146	Support Order Modification	1	1	5,000	\$64.00	-
2650-A	Recipient Claims Operations Calculation of Retaine	6	7	5,000	\$73.00	
2787	Bench Warrant	1	1	5,000	\$50.15	
3058-A	Court Information Sheet Attachment	4	7	5,000	\$87.00	
1606	Application for Participation for Day Care Homes	1	1	5,000	\$816.90	
1642	Meal Count Record (Actual)	2	2	5,000	\$62.50	
1103	Out-of-State Travel Request/Authorization	11	14	4,900	\$59.78	
1409	Record of Employees' Variable Work Hours	8	9	4,900	\$57.82	
30121	Witness Certification	7	14	4,900	\$59.78	
1573	Financial Information	6	9	4,800	\$90.24	
2442	Medicaid for Pregnant Women and Young Children	8	15	4,800	\$144.00	
27166	Order for Genetic Tests and Continuance	3	4	4,750	\$323.60	
3640	Corrective Action Report	7	10	4,750	\$182.40	
12100	Delayed Update to IEVS Match	2	12	4,700	\$59.26	
1537	Request for Homemaker Services	10	12	4,700	\$278.06	
1678	Food Stamp Program Repayment Agreement	3	7	4,700	\$58.28	
1260	Work Experience Component Record of Attendance a	12	17	4,650	\$282.72	
3077	Family Assessment Matrix	24	41	4,634	\$763.73	
24122	DSS and You	10	16	4,600	\$184.00	
2707	Uniform Support Petition	5	8	4,550	\$92.82	
2921	Change in Child Day Care Facility Status Form	4	4	4,500	\$334.80	-
27115	Notice for Parent Locate Service	1	6	4,500	\$54.90	
15103-A	Service Agreement Attachment	9	11	4,450	\$281.03	
3045	Report to Court ?	8	9	4,400	\$51.14	
3277	Facility ?	4	4	4,400	\$53.68	
3272	Request for CIS Access	9	10	4,400	\$50.16	
3753	Request for Removal of FI Sanction	7	9	4,400	\$74.36	
1800	Electronic Deposits Change Authorization	8	10	4,300	\$63.35	
3729	Work Force Development and Employment Services	6	11	4,300	\$387.00	
3255	General Disability Assistance Letter of Notificati	5	6	4,300	\$77.40	
2405	Financial Assistance for Adopting Children with Sp	9	15	4,250	\$27.00	-
1511	Foster Parent Questionnaire and Autobiography	19	26	4,225	\$396.43	
30141	Comprehensive Medical Assessment	8	8	4,200	\$15.12	
3721	Making the Most of Your Job Interview	8	12	4,200	\$420.00	

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Forms Ordered"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
3079	Client/Family Assessment Summary	9	9	4,150	\$158.23	
24107	Foster Family Program ?	15	20	4,080	\$40.80	
3609	Pre-Termination Notice	13	15	4,050	\$0.00	-
1426	Agreement of Understanding Regarding the Use of C	21	27	4,050	\$477.90	
2413	Adults Like... Need Protective Services	7	13	4,050	\$40.50	
1860	Transmittal for State Director's Signature	4	8	4,000	\$0.00	-
2910-A	Information Form: Original Licensing/Approval Stud	2	3	4,000	\$303.15	
1597-A	Initial Foster Care Review Summary	7	8	4,000	\$72.34	
2912	Regulation Compliance Record of Renewal Study Chi	5	5	3,925	\$400.35	
1814	Employment Eligibility Verification	15	15	3,900	\$69.45	
1572	Application to Adopt	6	10	3,900	\$73.32	
3252	Overpayment of Medicaid Benefits	9	12	3,800	\$154.28	
1152	Stop Payment Request	13	16	3,800	\$524.65	
3025	Agreement to Place Child in Adoptive Home	8	10	3,800	\$48.64	
1845	Manual Revision Log	11	11	3,800	\$48.64	
1228	Insurance Information	6	8	3,800	\$69.16	
2935	Supervisory Review Check Sheet Child Day Care Ce	3	3	3,750	\$124.50	
1806	Out Card	9	18	3,710	\$296.80	
3722	Employer Services	7	9	3,700	\$148.00	
1698	Food Stamp Employment and Training Referral for P	7	9	3,700	\$193.14	
3024	Observation/Assessment/Evaluation Notes	5	6	3,700	\$45.14	
3288	Medicaid for the Working Disabled Worksheet	6	8	3,700	\$67.34	
30145	Service Agreement ?	7	15	3,650	\$233.95	
3036	Report to Court ?	5	6	3,600	\$47.28	
3257	Medicaid Policy Clarification	10	10	3,600	\$100.80	
2961	Suggested Standards Guidelines for Operators of Fa	8	20	3,600	\$2,021.00	
3218-D	Vocational Rehabilitation Disability Report Child	28	54	3,585	\$6,548.02	
2411	Insuring Children's Rights	10	13	3,550	\$177.50	
1265	Conciliation Request	6	8	3,550	\$44.73	
3016-A	Case Plan -- Attachment	3	5	3,500	\$40.25	
1906	Financial Assessment and Eligibility Determination	3	3	3,500	\$161.00	
2923	App. for Original or Continuing Registration of a	2	3	3,500	\$127.30	
2718	Notice of Determination of Controlling Order	1	2	3,500	\$41.30	
1209	Statement of Paternity	6	7	3,450	\$47.61	
3751	Work Supplementation Program Participant Agreeeme	3	5	3,450	\$211.83	
1290	Repayment Agreement/AFDC ?	3	7	3,400	\$43.52	
3058	Court Information Sheet	3	4	3,400	\$69.36	
3701	Family Cap Voucher	5	6	3,400	\$38.08	
3632	Major Parent Assessment	14	17	3,320	\$332.00	
1504	Subpoena	5	5	3,300	\$58.74	
432-A	Employee Warning Notice	11	12	3,300	\$40.71	
1635	Income From Farm Operations	3	3	3,300	\$40.99	
3212	Title XIX Volunteer Driver Recruitment Quarterly R	8	10	3,250	\$112.06	
1246	Work Experience Agreement	8	9	3,250	\$162.50	
Voter Regi		11	16	3,200	\$0.00	-
2421	Adult Services	5	11	3,200	\$96.00	
2001	County Report of Case Action Taken on Quality Cont	4	6	3,200	\$40.32	
3270	Schedule A	4	6	3,200	\$34.24	
2958	Substitute Care Facility Form	4	4	3,200	\$60.31	
1589	Community Resource Development Confidentiality for	4	5	3,200	\$39.68	
3005	Face Sheet ?	7	11	3,150	\$193.68	
1844	Memo Transmittal Form	15	21	3,150	\$278.46	
1518	County Record of the Foster Home In Use	3	5	3,100	\$12.71	-
2650	Calculation of Retained Child Support	2	5	3,100	\$45.41	
3222-I	IEVS Institutional Inquiry	3	4	3,100	\$11.47	
2475	Important Information About Nonrecurring Costs for	5	9	3,050	\$7.50	-
24119	Adult Protective Services Reporting	8	11	3,050	\$61.00	
2903	First Aid Procedures Flip Chart	10	20	3,047	\$2,154.08	
2739	Title IV-D Case Record Contact Sheet	2	2	3,000	\$38.40	
1673	Determining Servings Per Purchase Unit for Cereal	3	4	3,000	\$69.18	

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Forms Ordered"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
30163	South Carolina Foster Child's Bill of Rights	11	12	3,000	\$28.00	
1149-B	Request for Direct Billing of Lodging	9	10	3,000	\$54.60	
3057	Initial Comprehensive Medical Assessment (For chil	7	7	3,000	\$56.40	
3085-A	Medicaid Eligibility for Child Entering Foster Car	2	2	3,000	\$38.40	
1530	Agreement Between Counties for Foster Home Place	4	4	3,000	\$35.70	
1625	Sponsor Application for Participation	1	1	3,000	\$7.00	
1531	Foster Parent Contract	12	19	3,000	\$151.00	
3060	Agreement for Use of Legal Services	6	7	2,950	\$253.11	
2415	Homemaker Services	8	13	2,950	\$76.00	
3271	Accounting of Monthly Income ?	4	4	2,900	\$37.12	
2455	Special Children Need Special Families	7	11	2,900	\$29.00	
1526	Infant's Medical Record	5	5	2,900	\$51.33	
1456	Property Transfer Receipt	16	19	2,800	\$0.00	-
1681	Food Stamp Program Agreement and Repayment (A	2	5	2,800	\$35.84	
1532	Review of Risk Form	5	5	2,800	\$56.56	
1039	Foster Care Tracking System Basic Data	4	4	2,800	\$32.76	
3080	Medical Visa	13	18	2,758	\$649.82	
1688	Day Care Home Provider Tier Determination	2	2	2,750	\$331.15	
1565	Adult Protective Services Risk Assessment	16	38	2,750	\$832.49	
3250	Determination of Vendor Payment for Otherwise Elig	5	5	2,700	\$34.56	
1270	Record of Caseworker Field Activities	3	3	2,700	\$32.29	
1201	Vocational Rehabilitation Referral ?	13	17	2,675	\$0.00	-
1506	Notification to Law Enforcement	14	16	2,675	\$265.36	
1499	Employment Information Brochure	6	7	2,600	\$0.00	-
30100	Openness Checklist for Birth Parents	5	5	2,600	\$11.96	
2111	Training Evaluation	4	4	2,600	\$20.38	
1674-1	Weekly Menu Form	2	2	2,600	\$76.70	
1259	Statement of Responsibility for Confidential Info.	7	8	2,550	\$222.79	
2019	Wksht Food Stmp	1	1	2,500	\$1,187.50	-
2790	Final Order of Support Default	1	1	2,500	\$442.00	-
Voter Regi		10	13	2,500	\$0.00	-
2783	Final Order	1	1	2,500	\$442.00	-
3031	Child Protective Services Central Registry Update	1	1	2,500	\$30.25	-
1533	Review of Caregiver/Perpetrator Risk Factors	3	3	2,500	\$45.75	
2910-B	Information Form: Original Licensing/Approval Stud	4	4	2,500	\$189.25	
1023	Request for Computer Services	5	7	2,500	\$46.00	
3329	Pre-Approval Training Checklist for Day-Care Home	1	1	2,500	\$231.80	
27105	Instructions for Financial Declaration	4	7	2,450	\$125.50	
1555-A	Adult Protective Services Caretaker Invoice	4	6	2,425	\$491.46	
30122	Adoptive Parent(s) Certification Statement	3	3	2,400	\$31.92	
1512	Voluntary Placement Agreement	5	6	2,400	\$39.84	
1584	Permanent Foster Care Agreement	6	6	2,400	\$30.72	
3014	Foster Parent Relicense Application	15	21	2,375	\$186.20	
1251	Emergency Certification for Medicaid in South Caro	6	7	2,350	\$176.72	
3902	MTS Services Termination Notice	9	17	2,350	\$282.00	
1402	Purchasing Requisition/Direct Payment Form	14	16	2,325	\$223.20	
2417	Qualified Medicare Beneficiaries	3	7	2,300	\$69.00	
30105	Background Information Worksheet ?	5	7	2,300	\$37.26	
1685	App. for Meals for Tier I Day Care Home Provider's	2	3	2,250	\$278.95	
1840	Community Resource Development Registered Volun	12	15	2,206	\$99.54	
30155	Assessment Analysis/Placement Summary	5	7	2,150	\$135.45	
12102	EBT Request for Debit	8	10	2,150	\$110.08	
27181	Order of Dismissal	2	4	2,125	\$153.00	
30154	Assessment Analysis ?	7	9	2,100	\$93.66	
1588	Authorization for Release of Information	2	2	2,100	\$13.02	
3709	Family Independence/Work Program Case Review Lo	6	7	2,050	\$58.22	
1267	Medicaid Expenditures Report	9	9	2,050	\$108.24	
1250	When Opportunity Knocks...	7	10	2,050	\$574.00	
30152	IV-E Retroactive Claim/Repayment Form	4	6	2,050	\$293.56	
2610	Division of Investigation Documents Receipt	1	1	2,000	\$57.00	-

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Forms Ordered"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
1801	Volunteer Picture ID	1	1	2,000	\$0.00	-
2902-A	Application: Approval to Conduct a Child Day Care	1	1	2,000	\$25.60	-
2642	Daily Account of Staff	1	1	2,000	\$56.00	-
3242	Monthly Deeming Worksheet (Spouse to Spouse)	2	2	2,000	\$10.20	-
3243	Monthly Deeming Worksheet (Parent to Child)	2	2	2,000	\$13.80	-
1552-B	Provider Notice	1	1	2,000	\$1,560.00	-
3322	Summary Report of Alternate Approval Monitoring Vi	1	1	2,000	\$97.00	-
3235	Notice of Proposed Action ?	2	2	2,000	\$9.00	-
1101	Request for Check Copy	10	14	2,000	\$76.00	-
3228	Assessment Questionnaire for MAO Institutional Pro	6	9	2,000	\$120.00	-
1288	Referral for Medicaid Application (To Be Attached	2	3	2,000	\$22.40	-
1820	Correspondence Log	2	2	2,000	\$25.60	-
27176	Grandparent Referral Form	4	5	2,000	\$7.80	-
3082	Abandoned Infants Form for Hospitals and Outpatien	1	1	2,000	\$198.80	-
1152-A	Client's Affidavit	12	13	1,975	\$199.08	-
2412	The Adoption Option	7	10	1,950	\$61.50	-
1242	Service Agreement	8	11	1,925	\$176.33	-
3085	Medicaid Application for Child Entering Foster Car	3	3	1,900	\$19.57	-
G-845 S		6	8	1,900	\$21.28	-
3731	On-The-Job Training	3	3	1,900	\$0.00	-
1810	Request for Development/Revision of Forms/Publicat	11	13	1,900	\$220.40	-
3208	Aged, Blind or Disabled and Qualified Medicare Ben	2	2	1,900	\$8.55	-
1222	Service Invoice	7	9	1,900	\$174.04	-
3749	Work Supplementation Program Employment Descrip	5	5	1,900	\$23.18	-
1583	Reference for Foster Parents	3	3	1,900	\$7.22	-
3760	Job Club Training Class ?	9	12	1,875	\$37.50	-
1826-C	Insert Page for Performance Evaluation Forms for t	9	15	1,875	\$75.00	-
24100	You Can Make the Difference In Someone's Life ?	4	4	1,850	\$55.50	-
2465	Assistance for Educators in Recognizing Child Abus	7	7	1,850	\$296.00	-
1838	Leave Transfer Program Donation Request	4	6	1,850	\$19.98	-
2629	Report of Medicaid Overpayment to AFDC Benefit Gr	2	5	1,800	\$33.12	-
3639	Time Analysis Daily Schedule	2	2	1,800	\$22.14	-
1104	Request for Cancellation of Check	7	7	1,800	\$25.34	-
1266	Family Independence Program and Work Experience	6	8	1,800	\$63.36	-
1846	Reception Center Registration Form	2	2	1,750	\$0.00	-
2449	Information Brochure 'Good Cause'	7	7	1,750	\$52.50	-
3761	EBT Client Integrity Project Administrative Agreeem	6	6	1,750	\$37.80	-
1436	Sexual Harassment Policy	7	8	1,700	\$0.00	-
3740	Application for Transitional Child Care (TCC)	4	9	1,700	\$21.76	-
3222	IEVS Recipient Inquiry	3	3	1,700	\$6.12	-
30102	Health Status Report	4	4	1,700	\$20.74	-
1563	Personal Care Services Supervisory Visit Summary	3	5	1,650	\$102.96	-
2498	Your Right to Make Decisions About Your Health Car	7	8	1,649	\$69.45	-
2485	Foster Parent Orientation Workbook	9	13	1,609	\$1,898.62	-
2600	Welfare Complaint Form	2	3	1,600	\$20.48	-
30144	Service Agreement ?	6	10	1,575	\$140.49	-
30160	Biweekly Progress Summary Report	2	2	1,500	\$9.90	-
3241	Medically Needy Worksheet for the Aged, Blind or D	1	1	1,500	\$7.80	-
1501	Agreement to Provide Caretaker Services	5	5	1,500	\$78.80	-
2710	Blood Test Fee Form (Columbia Reg. 2)	1	2	1,500	\$157.75	-
3326	CACFP Day Care Home (DCH) Add Form	1	1	1,500	\$162.60	-
3748	Work Supplementation Employer Agreement	4	5	1,500	\$18.30	-
1742	Notice to Nonparticipants EPSDT Medicaid	2	2	1,500	\$18.30	-
3008	Child Factors Checklist	3	10	1,492	\$92.64	-
30118	Affidavit #6 ?	6	7	1,450	\$29.00	-
1591	Community Resource Development Volunteer Time S	3	3	1,400	\$17.92	-
30113	Agreement to Place Child in Pre-Adoptive Home	3	4	1,400	\$7.84	-
1569	Group Care Child Placement Agreement	4	4	1,400	\$8.54	-
3227	Letter of Notification ?	3	3	1,400	\$25.48	-
30103	Adoption and Birth Parent Services Central Intake	2	3	1,400	\$14.98	-

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

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Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
2631	Interview Schedule	1	1	1,400	\$59.75	
3741	A Parent's Guide to Choosing Quality Child Care in	3	3	1,330	\$558.60	
30101	Openness Checklist for Adoptive Parents	4	4	1,300	\$15.86	
WH 380		5	5	1,300	\$14.63	
3062-A	Case Transfer and/or Case Staffing Attachment	3	4	1,300	\$75.92	
3015	Child Visitation Chart	2	3	1,300	\$16.64	
1555	Protective Services Caretaker Service Invoice	2	2	1,300	\$18.72	
2402	Problem Pregnancy Here's Help	5	7	1,275	\$15.50	-
1220	Protective Payee Agreement	3	3	1,250	\$94.75	
3759	Family Life Skills Training Class ?	8	11	1,205	\$24.10	
3083	Request for Initial Assessment	2	2	1,200	\$15.36	
3095	Application for Financial Assistance ?	3	3	1,200	\$7.92	
30151	Request for Documentation for IV-E Eligibility Det	2	2	1,200	\$22.56	
1296-D	Addendum to the HHSFC 181 on Department of Ment	3	3	1,200	\$4.32	
1147	Request for Official Travel Cash Advance	5	5	1,200	\$4.92	
30153	Case Evaluation/Case Closure Summary	4	4	1,150	\$25.99	
15109	Emergency Protective Custody of a Vulnerable Adult	3	3	1,100	\$5.17	
30136	Agreement for Continued Placement of Persons 18 to	4	5	1,100	\$14.08	
1870	Request to Contract	5	6	1,100	\$22.00	
1317	Bi-Weekly Report of Daily Interview Contacts	2	3	1,050	\$80.46	
2954	Regulations for Private and Public Group Day Care	8	12	1,025	\$676.50	
2438	Methods of Administration Regarding Compliance Wit	3	3	1,025	\$455.75	
2659	Deferred Adjudication Disqualification Consent Agr	1	1	1,000	\$64.00	-
2018	Food Stamp Quality Control Authorization for Eligi	1	1	1,000	\$3.40	-
3724	Referral/Monthly Participation	1	1	1,000	\$12.80	-
16113	Investigation Response/Feedback Sheet	1	1	1,000	\$4.40	-
1067	Problem Notification	1	1	1,000	\$18.10	-
1654	Consolidated Recipient Claim Report	1	1	1,000	\$23.00	-
2609-2	Statement Verification	1	1	1,000	\$56.00	-
2709	UIFSA Law	2	3	1,000	\$190.00	-
3324	CACFP Day Care Home (DCH) Alternate Approval U	1	1	1,000	\$111.00	-
30175		1	1	1,000	\$100.00	-
30184		1	1	1,000	\$50.00	-
30179		1	1	1,000	\$75.00	-
1570-A	Request for Foster Family Home Sanitation Inspecti	3	3	1,000	\$17.70	
FNS 524		1	1	1,000	\$3.40	
3086	"I Want To Help!" Postcard	1	1	1,000	\$31.92	
27131	Intake ?	1	1	1,000	\$61.20	
3016-2	Treatment Plan ?	2	2	1,000	\$45.60	
27130	Intake ?	1	1	1,000	\$60.20	
1694	Authorization to Convert Electronic Food Stamp Ben	1	1	1,000	\$111.93	
1474	Exit Interview for Employees	10	13	1,000	\$48.00	
1574	Adult Physical Examination for Adoptive Applicants	2	3	1,000	\$14.96	
16108	Food Service Operations Food Loss Report	2	2	1,000	\$3.80	
30109	Fact Sheet for Infants in Temporary Foster Care	1	2	1,000	\$3.80	
2907	Listing of Licenses, Closures and Letters	1	1	1,000	\$5.00	
1777	Confidential Medicaid Complaint	3	3	950	\$21.76	
2723	Certification of Annual IRS Awareness Briefing	1	3	950	\$108.88	
3003	Computing IV-E Income Eligibility Income Limit Tes	2	3	900	\$3.96	-
3030	Child Protective Services Basic Incident/People In	1	2	900	\$18.00	-
16119	Day Care Centers Statement of Authority	2	4	900	\$113.13	
2469	Telephone Installation Charge Discount Available f	2	2	900	\$18.00	
27186	Verified Affidavit of the Custodian	2	2	875	\$60.90	-
2401	The Adoption Reunion Register	4	5	850	\$8.50	
2959	Regulations for Child Day Care Centers and Group D	7	10	830	\$433.50	
2420	Personal Care I Services	3	4	800	\$0.00	-
1557	Service Code/Target Group/Plan/Compatibility Chart	4	4	800	\$32.00	-
1550-A	Contract Between County DSS and Caretaker	2	2	800	\$17.44	-
30140	Case Referral/Transfer/Staffing	1	2	800	\$46.59	
1571	Reference Letter for Adoptive Applicants	3	3	800	\$6.08	

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

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Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
1477	Employee Identification Card	1	1	800	\$46.31	
1565-S	Adult Protective Services Risk Assessment Attachme	8	16	800	\$205.60	
3752	Record of Attendance and Performance	2	2	800	\$53.60	
1004	Title XX Batch Control Sheet	2	2	800	\$14.64	
3092	Internal Case Review Homemaker Services (DSS Pr	1	1	750	\$5.85	-
1507	Attorney Time Sheet	3	3	700	\$40.46	-
30162-A	Foster Care Supervisory Worksheet	2	2	700	\$36.26	-
3281	Verification of County Maintained Bank Accounts fo	3	3	700	\$4.48	
2777	Recipient's Afdvt	3	3	700	\$387.86	
3320	Claim for Reimbursement	2	3	655	\$309.28	
3737	Release of Information from the Department of...	1	3	650	\$29.77	-
3306	SFSP Site Information Application	2	2	650	\$34.90	
3295	Emergency Medicaid Eligibility Notice Log	1	1	600	\$20.00	-
2510	Statement of Income	1	1	600	\$6.00	-
2440	Day Care for Your Child Making the Right Choice	2	4	600	\$24.00	
3097	Medical Information Birth Parent	2	3	600	\$10.86	
3096	Financial Assistance Determination ?	1	1	600	\$3.96	
3231	Resource Assessment Worksheet	2	2	600	\$2.46	
30115	Denial of Paternity	3	3	600	\$6.60	
2499	Medicaid for the Working Disabled	2	2	550	\$0.00	-
2486		2	2	501	\$876.75	-
3443	Disaster Food Stamp Voluntary Returns	1	1	500	\$1.95	-
3757	Family Life Skills Training Class ?	1	1	500	\$10.00	-
3815	Supervisor Checklist	1	1	500	\$3.20	-
3807-B	Your Rights and Responsibilities ?	1	1	500	\$1.70	-
3538	Certificate of Recognition in Youth Programs Train	1	1	500	\$26.00	-
3750	Work Supplementation Program Wage Pool Informati	1	1	500	\$14.80	-
3315		1	1	500	\$41.50	-
27152	Child Support Obligation: Worksheet A	1	1	500	\$32.00	-
12107	EBT/Client Integrity Project Questionnaire	2	2	500	\$0.00	-
2644	Warning of Rights	1	1	500	\$56.00	-
30196		1	1	500	\$17.50	-
30195		1	1	500	\$17.50	-
30193		1	1	500	\$14.25	-
1628	Summary Report of Technical Assistance Visit	1	1	500	\$168.00	-
2609	Witness Statement	1	1	500	\$56.00	-
27121	Order of Modification, Suspension or Termination o	1	1	500	\$6.10	-
16116	Food Stamp Employment and Training (FSE&T) Scre	1	3	500	\$9.40	-
27153	Split Custody Worksheet: Worksheet B	1	1	500	\$36.00	-
2904-A	Info. Form for Orig. Licensing Study, Part A, Fami	1	1	500	\$3.35	-
30134	Personal Care Aide In-Service Training Record	1	1	500	\$11.90	-
30125	Request for Non-Recurring Costs Reimbursement for	1	1	500	\$18.00	-
30120	Consent to Adoption by Minor Child	2	2	500	\$1.95	-
30197		1	1	500	\$17.50	-
30194		1	1	500	\$14.25	-
1592	Community Resource Development Volunteer Screen	1	1	500	\$9.40	-
16100	Monthly AFDC Recipient Claims Activity Report	1	1	500	\$5.50	-
1133	Batch Release Form for Public Assistance Payments	1	1	500	\$18.00	-
1623	The Emergency Food Assistance Program Sub-Site	1	1	500	\$55.00	
1682	Day Care Home (DCH) Withdrawal/Termination Form	1	1	500	\$109.75	
1126	County Expenditure Statement	4	4	500	\$3.70	
3803	Interview Procedural Guide	3	4	500	\$430.00	
1546	Agreement to Provide Caretaker Services	2	2	500	\$6.45	
3068-A	Documentation Sheet	1	1	500	\$6.40	
30130	Voluntary Placement Agreement for Adoption Plannin	2	2	500	\$9.50	
30108	Hospital Release	2	2	500	\$6.70	
1826	Employee Performance Mgmt. System (County, Regi	4	6	495	\$29.00	
G 845 S		3	4	425	\$4.76	
3514	Certificate of Approval	5	5	404	\$10.58	
3098	Notice of Meeting of the Foster Care Review Board	1	1	400	\$0.00	-



# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Forms Ordered"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
1866	Extension of Trial Status	3	4	400	\$12.00	
1149	Request for Airline Ticket/Confirmation	2	3	400	\$1.44	
1593-A	Community Resource Development Client Profile She	2	2	400	\$16.00	
1224	Report of Medical Findings and Social Information	1	1	400	\$12.00	
1593	Community Resource Development Information Refer	2	2	400	\$16.00	
3026	Adoptive Home Card	3	3	350	\$14.00	
1102	Reimbursement Request	2	2	350	\$7.91	
1108	Signature Authorization Card	4	5	349	\$6.98	
2531	Human Service Reporting System Desk Code Chart	4	4	335	\$13.40	-
3030-A	Child Protective Services Basic Person Input Form/	1	1	300	\$3.60	-
SSA 1610		2	3	300	\$0.00	-
30114	Affidavit for Return of Child from Voluntary Place	2	3	300	\$3.18	-
3525	Certificate of Recognition (County)	1	2	300	\$6.00	-
3044	A Cert. of Achievement for Successful Participatio	2	3	300	\$12.00	-
1801-A	Foster Parent Picture ID	2	2	300	\$0.00	-
16112	Emergency Food Assistance Application	1	1	300	\$1.02	-
1024	Pickle Address Updates - Deletions	1	1	300	\$0.72	
3006	Suspected Child Abuse and Neglect Referral for Hea	2	2	300	\$1.17	
2476	Consent for Teenage Abortion	6	6	292	\$48.96	
2428	Food Stamp Reporting Requirements	13	17	272	\$37.98	
27155	Questionnaire	1	1	250	\$27.50	-
16120	Time Sheet for Day Care Centers	1	1	250	\$16.50	-
3719	FS Employment and Training Program ?	1	1	250	\$3.00	-
1419	Non-National Holiday	31	38	250	\$305.00	-
2904-B	Info. Form for Orig. Licensing Study, Part B, Fami	1	1	250	\$1.70	-
3702	FSE&T ?	1	1	250	\$3.00	-
30159	Application for Level A Treatment Foster Care	1	1	250	\$19.00	-
3106	Investigative Activity Sheet (Special Investigatio	1	1	250	\$18.00	-
3052	Adoption Subsidy Agreement	1	1	250	\$23.00	
1561	Personal Care Aide Services Assignment Sheet	1	1	250	\$18.30	
1287		1	1	210	\$371.73	
3028	Child Protective Services Caseworker Input Form	1	1	200	\$0.98	-
2011	QC Case Revisions	1	1	200	\$25.20	-
30162	Foster Care Supervisory Worksheet	1	1	200	\$4.32	-
3906		1	1	200	\$531.00	-
3310	Child and Adult Care Food Program in Emergency Sh	1	1	200	\$41.00	-
30127	S.C. Interstate Compact on the Placement of Childr	1	1	200	\$40.00	-
16133	Investigation Referral Form	1	1	200	\$3.46	-
1514	Health Insurance Claim Form	1	1	200	\$0.76	
1318	Local Funds Disbursed to Clients for Emergency Ser	1	1	200	\$1.24	
1100	Undeliverable Check Log	1	1	200	\$7.00	
2452	Food Stamps: Your Rights	6	8	172	\$12.04	
2427	Toll-Free From Anywhere in South Carolina	10	12	170	\$0.00	-
1291		1	1	162	\$371.73	
1292		1	1	162	\$369.27	
30143	Supplemental Report Guide	2	2	161	\$199.52	
2215	Financial Report	5	5	146	\$4.38	
Employee		3	3	135	\$0.00	-
2741	Offset Procedures	2	3	115	\$155.75	
3258	Commun-I-Care Referral Form	1	1	100	\$11.10	-
30104	Service Plan Birth Parent Services	1	1	100	\$0.66	-
1412	County Monthly Mileage Summary Report	1	1	100	\$1.28	-
Volunteer		1	1	100	\$0.00	-
1674-2	Weekly Menu Form	1	1	100	\$182.00	-
3044-A	A Cert. of Achievement for Successful Participatio	1	1	100	\$2.00	
3401	Claims for Reimbursement	1	1	100	\$31.00	
3051	Basic Foster Care Application	1	1	100	\$0.64	
3450	Daily Disaster Food Stamp Application Log	1	1	100	\$0.39	
3449	Disaster Food Stamp Distribution Notice of Denial	1	1	100	\$0.36	
3448	Application Review Sheet Relative to Agency Employ	1	1	100	\$0.36	

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Forms Ordered"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
30116	Affidavit #2 ?	1	1	100	\$0.46	
27173	Action Request on Child Support Check	1	1	100	\$13.22	
2463	So You Want to Start a Child Day Care Program?	1	1	100	\$57.00	
16124	Workshop Registration	1	1	70	\$7.89	-
1641	Monthly Claim for Reimbursement	1	2	66	\$90.25	-
30188		1	1	60	\$201.00	-
3054	Child Neglect and Abuse Codes & Tables	3	4	60	\$1.20	
1125	County Fiscal Authorities Annual Statement - Use o	7	7	57	\$0.57	
30192		2	2	52	\$20.25	-
2490	Someone May Need Your Help	2	2	52	\$2.60	
1128	Statement of Services and Maint. Costs in Lieu of	6	6	51	\$5.61	
1402-A	Purchasing Requisition (Continuation)	1	1	50	\$4.66	-
27174	Putative Father Information Form	1	1	50	\$61.00	-
2426	Civil Rights Notice	7	7	41	\$2.46	
30180		1	1	40	\$168.00	-
30178		2	2	40	\$61.00	-
30177		2	2	40	\$60.00	-
30174		2	2	40	\$60.00	-
1189-M	Bank Deposit, Medical	2	3	34	\$301.53	
30191		2	2	30	\$153.00	-
3309	App. for Participation for Day Care Home Sponsorin	1	1	25	\$7.29	-
1606-1	Alternate Approval Self-Certification Statement	1	1	25	\$131.15	
30182		1	2	20	\$44.00	-
30189		2	2	13	\$30.25	-
30190		2	2	13	\$30.25	-
3801-A	FI/FS Workbook CHIP Codes	1	1	12	\$0.00	-
1127	Provisions Under Rent of Premises Agreement	2	2	12	\$0.60	
2609-A	Statement	1	1	10	\$56.00	-
30187		1	1	10	\$22.00	-
30186		1	1	10	\$22.00	-
30185		1	1	10	\$22.00	-
30176		1	1	10	\$22.00	-
30181		1	1	10	\$22.00	-
SCDC 14-4		1	1	4	\$32.00	-
2453	Food Stamps: Your Responsibilities	1	1	3	\$0.12	
24103	Never Shake A Baby (Jeanie)	1	1	2	\$0.06	
12104		1	1	0	\$12.30	-
Disbursem		2	10	0	\$0.00	-
12103		2	2	0	\$0.00	-
2500	Client Service Record Turnaround Document	2	5	0	\$0.00	-
12105		2	2	0	\$46.34	-
3245-S		9	10	0	\$169.26	-
3245	Transitional Report Form	2	6	0	\$0.00	-
3214-1		29	63	0	\$623.48	-
3039	Helpline Phone Card	7	7	0	\$273.00	-
3625		17	33	0	\$370.88	-
3627		10	15	0	\$99.96	-
3630		15	24	0	\$259.56	-
27132	Parent Contact Form	1	1	0	\$0.00	-
15108		1	2	0	\$10.24	-
1689		3	5	0	\$152.00	-
12112		6	6	0	\$0.00	-
3807	Mailed Recertification Form	2	25	0	\$0.00	-
1285		3	3	0	\$47.40	-
1284		2	2	0	\$7.86	-
1283		3	3	0	\$31.46	-
1281		1	1	0	\$6.22	-
1247-A		2	2	0	\$8.80	-
1230-A		23	30	0	\$238.59	-



## **SUMMARY OF ORDERED/PRINTED FORMS BASED ON PRINTING COSTS**

### **ATTACHMENT B**

**Form Number:**  
Self-explanatory.

**Title:**  
The title of the form.

**Program Area Usage:**  
The number of different program areas/offices that requested the form.

**Number of Orders:**  
The total number of requests made for the form.

**Total Forms Ordered:**  
The total number of forms requested.

**Total Cost:**  
The total printing costs for the form.

**Not Ordered FY00-01:**  
The hyphen indicates that a request for the form was not made during the fiscal year 2000-2001.

**Black Dot:**  
The black dot indicates the form should be eliminated from the "Top 20" because it is one of the following: form already automated, Medical Support form and/or other printed material.

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Cost"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
3800	Application for the FI Program, FS Program, Medica	53	407	755,900	\$55,811.96	
• 2443	Medicaid Program Handbook	50	157	83,714	\$19,577.20	
• 2416	Know Your Civil Rights in Social Services Programs	62	423	474,721	\$17,012.20	
1669	Request to Applicant for Information	44	446	299,750	\$9,106.07	
3713	Authorization and Payment Invoice	44	193	74,700	\$9,086.40	
1695	Electronic Benefits Transfer Program EBT Card Rece	47	329	246,450	\$9,047.95	
• 3218	Vocational Rehabilitation Disability Report	43	140	252,250	\$8,849.83	
1269	Request for Support Services	45	228	180,500	\$8,835.05	
3801	Workbook	1	1	98,000	\$8,793.40	
• 27100	Bank Deposit	42	82	114,050	\$8,692.58	
1421	Request for Leave	117	686	470,200	\$8,040.35	
• 3251	Notice of Proposed Action ?	47	361	196,900	\$7,986.80	
• 1217	Client Information Summary	52	444	665,600	\$7,884.02	
1111	Receipt	37	104	214,000	\$7,520.00	
1667	Client Information Questionnaire	44	316	534,900	\$7,105.95	
1245	Request for Wage Information	48	436	597,000	\$6,572.44	
• 3218-D	Vocational Rehabilitation Disability Report Child	28	54	3,585	\$6,548.02	
1665	Benefit Group Composition Verification Form	44	418	582,100	\$6,394.55	
• 3800-A	Your Rights and Responsibilities	50	324	426,480	\$6,222.19	
• 3229	Notice of Approval/Denial Medical Assistance/Optio	49	416	518,000	\$5,966.18	
3800-B	FI/FS/Medicaid Policy on Confidential Information	49	222	409,580	\$5,525.47	
3062	Case Transfer and/or Case Staffing	44	189	118,000	\$5,302.02	
• PD-10-D		63	182	58,866	\$5,297.94	
• 3226	Application for OCWI Optional Coverage for Women	46	182	97,355	\$5,270.00	
• 1189	State Treasurer Bank Deposit	33	69	38,200	\$5,159.96	
• 3259	Application for Medical Assistance Aged, Blind and	46	176	63,590	\$5,087.20	
3072	Consent to Release Information	1	1	150,000	\$4,978.00	
2700-1	Custodial Parents Application for Child Support Se	42	144	59,263	\$4,950.65	
3652	Teen Companion Program Data Entry Form	45	107	107,600	\$4,761.64	
1221	Public Assistance Client Contact Report	43	349	362,800	\$4,752.08	
1672	Documentation Form/Interactive Interview	38	222	313,400	\$4,664.14	
2953	Regulations for Private and Public Child Day Care	8	24	5,585	\$4,619.70	
2530	Worker Activity and Contacts	49	251	357,600	\$4,466.71	
1234	Client Referral/Communication Form	47	292	81,500	\$4,456.60	
1216	Voluntary Child Support/Contributions Form	43	301	326,100	\$3,909.07	
1223	Request for Information from School Records	47	230	275,300	\$3,812.64	
1255	Verification of Real and Personal Property	46	287	321,300	\$3,723.13	
1253	Request for Financial Investigation	42	140	68,000	\$3,567.52	
1296	Medicaid App. for Nursing Home, Waiver Services, G	40	144	71,875	\$3,513.08	
1619	Change Report Form	38	275	116,000	\$3,480.00	
3801-B	Interface Inquiry Results	41	115	312,800	\$3,407.73	
1741	Title XIX Medicaid Eligibility Authorization Form	25	90	23,550	\$3,216.01	
1211	Request for Child Support Information	40	194	217,500	\$3,012.54	
1411	Human Resources Transaction/Salary Form	89	243	27,800	\$2,992.01	
3214	Medicaid Review Form, Families and Children	49	225	122,600	\$2,964.70	
2612	Request for Criminal Background Check	57	151	69,050	\$2,949.20	
3087	Case Plan -- Safety Issues	40	134	54,900	\$2,888.82	
3213	ABD/QMB/SLMB Worksheet	46	155	181,800	\$2,868.55	
1247	Physician's Statement	45	149	71,150	\$2,809.46	
3218-A	Authorization for Release for Information to the S	46	193	241,000	\$2,803.36	
3238	CIS Correction Request	45	150	62,350	\$2,701.99	
1640	Prospective Budgeting Worksheet for Family Indepen	44	219	261,900	\$2,681.85	
3226-A	OCWI/RIBICOFF Worksheet	47	257	252,900	\$2,669.40	
3603	Youth Programs Checklist and Referral Form	41	101	64,150	\$2,604.97	
2700	Medical Assistance Child Support Referral Form	40	125	141,900	\$2,583.86	
3249	Verification of Application for Social Security Nu	13	40	51,950	\$2,555.74	
2410	Fair Hearings	34	133	61,000	\$2,508.00	
1639	Food Stamp Reporting Requirements	41	132	196,000	\$2,494.33	
1243	Units of Service Report	38	108	141,800	\$2,417.81	
3901	Service Note Form	10	39	165,500	\$2,393.33	

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Cost"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
3034	Child Protective Services: A Guide for Parents	44	159	59,400	\$2,385.00	
3641	Family Planning Counseling Documentation Form	42	135	130,100	\$2,383.35	
2012	Landlord Statement	45	228	270,200	\$2,362.36	
1638	Mailed Recertification Process	38	99	184,400	\$2,340.53	
3746	Head of Household Designation (Food Stamps)	24	79	46,000	\$2,336.80	
2444	Food Stamp Employment and Training Program	35	108	76,975	\$2,262.98	
1680	Possible Claim Referral Form	36	102	194,100	\$2,245.20	
1766	Declaration Statement	47	211	204,200	\$2,231.36	
1658	Request for Verification of Separate Household Sta	47	203	212,000	\$2,225.06	
3205	Case Request/Transfer Form	46	134	55,800	\$2,209.44	
2903	First Aid Procedures Flip Chart	10	20	3,047	\$2,154.08	
1420	Memorandum of Call	64	268	500,700	\$2,138.55	
27178	Order of Financial Responsibility	2	3	64,000	\$2,116.00	
3027-2		32	77	36,600	\$2,084.40	
27178 P1	Order of Financial Responsibility	8	26	24,125	\$2,074.25	
27177	Order of Default	2	3	59,000	\$2,022.00	
2961	Suggested Standards Guidelines for Operators of Fa	8	20	3,600	\$2,021.00	
3225	Vocational Rehabilitation Case Referral	44	133	89,050	\$1,981.90	
3714	Authorization and Payment Invoice for Child Care P	22	27	15,175	\$1,939.08	
3638	Case Plan	38	91	75,150	\$1,905.24	
2485	Foster Parent Orientation Workbook	9	13	1,609	\$1,898.62	
3284	SSI-Related Review Form Cover Letter	36	114	50,150	\$1,860.25	
3607	Basic Assessment Form	46	97	55,600	\$1,819.48	
1847	Employee of the Month Nomination Form	6	8	131,251	\$1,756.53	
1233	Medicaid Eligibility Checklist	47	258	325,300	\$1,717.53	
27151	Child Support Obligation: Worksheet A	10	20	38,350	\$1,693.49	
3610	Teen Companion Letter of Introduction	36	48	150,100	\$1,672.43	
3649	Teen Futures... Success is Right Around the Corner	17	32	16,700	\$1,670.00	
1855	Employee Time Sheet	72	175	152,300	\$1,647.02	
3027-1		34	77	35,350	\$1,636.81	
3070	Determination Fact Sheet	30	76	34,350	\$1,631.91	
30129	Adoption Reimbursement Request	2	3	8,400	\$1,601.40	
30137	Investigative Matrix	27	87	12,240	\$1,590.00	
1230	Family Plan: Part A ?	46	135	77,450	\$1,577.32	
1729	Income Trust Budget Sheet	23	43	95,800	\$1,567.49	
1416	Communication Slip	81	215	375,500	\$1,563.30	
1552-B	Provider Notice	1	1	2,000	\$1,560.00	
2633	Request for Fair Hearing	30	51	52,755	\$1,558.73	
1668	Authorization for Special Investigation	38	168	219,500	\$1,541.36	
3631	Teen Companion Program Home Contact Appointme	36	57	30,150	\$1,526.16	
3230	Medicaid Third Party Liability Data Collection For	43	111	85,200	\$1,497.51	
3816-C	Child Support Referral Custodial Parent Data	39	97	76,000	\$1,489.72	
3604	Release of Information	46	113	43,000	\$1,487.80	
1766-A	Development of Burial Exclusion	28	82	31,000	\$1,475.56	
3218-B	Authorization for Release for Information to the S	37	81	123,800	\$1,463.70	
3207	Medicaid Review Form, Adult-Related Programs	44	105	89,700	\$1,453.55	
1282	Acknowledgement of Responsibilities Authorized Rep	35	87	30,350	\$1,451.73	
3612	Parent/Guardian Permission Form	42	93	37,950	\$1,401.78	
1647	Food Stamp Employment and Training Program Com	22	44	26,350	\$1,399.41	
1802	Receptionist Log	31	94	79,900	\$1,390.95	
12108	Verification of Receipt of Family Independence (FI	17	37	74,200	\$1,383.40	
16160	App. for Free and Reduced-Price Meals in Child Car	3	9	79,000	\$1,377.73	
3214-2	Medicaid for Low Income Families Worksheet	40	112	110,200	\$1,371.82	
3049	Interstate Compact Placement Request	25	35	27,625	\$1,360.13	
27126	Order/Notice to Withhold Income for Child Support	4	26	90,700	\$1,357.28	
2955	S.C. Child Day Care Licensing Law	8	32	8,251	\$1,352.26	
3634	Rights and Responsibilities	41	90	51,450	\$1,340.13	
2909	Family Day Care Home Consumer Parent (Statement	8	16	33,850	\$1,335.97	
2794	Order	6	8	32,250	\$1,334.50	
3608	Disciplinary Action	38	84	33,850	\$1,319.73	

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Cost"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
1248	Work Experience/Workfare Participant Agreement	17	24	49,000	\$1,314.21	
3294	Year 2000 (Y2K) Emergency Medicaid Eligibility Not	1	1	1,500,000	\$1,310.00	-
DHHS 521		41	94	34,400	\$1,310.00	
3456	Application for Disaster Food Stamp Assistance	1	1	10,000	\$1,303.00	-
2703	Civil Contempt Order	10	29	47,600	\$1,302.80	
1249	Work Experience/Workfare Provider Agreement	19	25	49,200	\$1,291.66	
1296-A	Medical Assistance Only (MAO) Institutional Budget	41	90	72,000	\$1,290.55	
27179	Agreement to Submit to Genetic Tests	7	13	28,150	\$1,289.92	
1674	Weekly Menu Form	1	3	124,000	\$1,288.00	-
2422	Questions and Answers About Food Stamps	30	105	42,925	\$1,281.75	
2424	Non-Discriminatory Practices SC Regulations Chapte	13	27	9,775	\$1,270.75	
1648	Administrative Consent Agreement Waiver of Hearing	15	19	35,000	\$1,265.30	
3816-B	Child Support Referral Absent Parent Data	34	104	41,990	\$1,259.70	
27183	Notice of Continuance of Negotiation Conference	7	20	12,450	\$1,243.86	
3065	Notice of Unfounded Investigations	27	62	24,450	\$1,243.11	
3641-A	Service/Activity Continuation Form	35	71	62,929	\$1,242.43	
3622	Young Parent Program Assessment	23	28	78,600	\$1,227.97	
3733	Family Independence Domestic Violence Information	38	69	93,000	\$1,203.49	
2019	Wksht Food Stmp	1	1	2,500	\$1,187.50	-
1262	Benefits Inquiry	27	49	68,600	\$1,187.42	
1600	Communication Form	30	76	27,450	\$1,186.38	
3762	Claim Your Earned Income Credit Handout	2	2	89,000	\$1,183.00	
3807-A	Mailed Recertification Form	37	68	54,100	\$1,174.20	
3457	Application for Disaster Food Stamp Assistance R	1	1	500,000	\$1,170.00	-
30126	Interstate Compact Report on Child's Placement Sta	28	41	30,550	\$1,140.15	
3266	Vocational Rehabilitation Referral Report of Conti	27	38	27,500	\$1,135.03	
3769	On-The-Job Training Invoice and Attendance/Perform	12	15	11,375	\$1,128.28	
1280	Verification of Life Insurance Values	29	84	68,700	\$1,122.69	
1716	Request for Medicaid ID Number	19	48	65,300	\$1,107.63	
3735	Family Independence Application Information Your K	32	62	57,960	\$1,099.20	
1231	Request for Assessment for Level of Care	30	65	25,250	\$1,097.00	
3287	How Healthy Are Your Children?	26	42	89,900	\$1,053.63	
3633	Lesson Plan	23	38	61,400	\$1,052.98	
1632	Authorized Representative Designation Form	37	87	111,900	\$1,050.23	
12113	Application/Verification for Lifeline Assistance	28	54	88,000	\$1,047.00	
1652	Production Record A.M.	3	8	65,500	\$1,044.95	
27103	Non-Custodial Parent's Application for Child Suppo	22	33	19,232	\$1,039.92	
3059	A License is Hereby Granted to (Foster Care)	23	30	43,000	\$1,033.00	
2960	Regulations for Family Day Care Homes	9	23	5,820	\$1,021.80	
3707	FI Staffing Summary	37	66	30,575	\$1,012.82	
3767	On-The-Job Training Agreement	15	18	9,825	\$1,006.82	
1264	Good Cause Determination/Conciliation Process	30	58	21,750	\$983.10	
3073	Notice of the Reopening of a Child Protective Serv	19	28	20,850	\$979.69	
2601	Civil Rights Discrimination Complaint Form	46	98	64,400	\$972.66	
1670	Verification Form	32	75	81,600	\$962.80	
2942	On-Site Visit/Deficiency Citation for Day Care Fac	5	8	12,020	\$952.20	
1850	Requisition for Printing Services	66	101	8,225	\$951.65	
1541	Homemaker Services Rendered	27	59	46,300	\$934.47	
1662	Recertification/Redetermination	31	94	103,100	\$924.14	
3720	Health Insurance Claim Form	31	53	68,500	\$904.20	
2963	Child Day Care Center List of Children	5	11	24,500	\$902.20	
1905	Referral for Field Operations and IV-E Eligibility	20	33	13,100	\$900.22	
3768	On-The-Job Training Contract	16	18	8,625	\$891.86	
3046	Special Pay Request for Foster Care Clients	21	31	20,350	\$891.33	
2900	General Record and Statement of Child's Health for	12	19	61,300	\$877.22	
2486		2	2	501	\$876.75	-
27178 P2	Order of Financial Responsibility	8	23	20,750	\$861.90	
1227	Family Support Assessment Survey	30	73	27,450	\$858.56	
2728	General Testimony	8	15	5,625	\$856.25	
3704	Time Limit Extension Summary	28	56	71,300	\$852.85	

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Cost"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
30156	County Flex Funds Cumulative Record	34	56	42,700	\$847.82	
3617	Recreation and Activity Permission Form	33	79	34,550	\$832.76	
1565	Adult Protective Services Risk Assessment	16	38	2,750	\$832.49	
1415	State of South Carolina Position Description	18	21	30,550	\$828.00	-
1606	Application for Participation for Day Care Homes	1	1	5,000	\$816.90	
3700	Family Independence ?	23	36	19,255	\$815.50	
1693	FS Program Request for Electronic Benefits Convers	23	32	29,150	\$811.74	
3734	Family Independence Domestic Violence Waiver Ass	29	38	61,200	\$804.11	
16114	Food Stamp Quality Control Review Sheet	19	22	50,500	\$799.37	
3706	Family Independence Workforce Development ?	11	13	7,905	\$798.70	
1296-B	Optional State Supplementation Worksheet	35	54	65,800	\$777.18	
3812	Economic Service Case Review Sheet	25	62	66,900	\$773.62	
3264	OSS Slot Reservation Form	30	43	6,575	\$769.93	
27113 P1	File Control	6	15	43,000	\$765.00	
3077	Family Assessment Matrix	24	41	4,634	\$763.73	
2779	Order of Continuance	6	8	23,250	\$740.93	
1203	Request for Replacement Medicaid Identification Ca	32	85	68,900	\$738.47	
2924	Permission Form for Child Protective Services Cent	8	16	61,200	\$700.56	
1807	Master File Card	25	102	76,500	\$698.62	
1296-C	Medicaid Institutional/Waiver Addendum	27	45	17,450	\$696.22	
1307	Time Analysis Schedule	41	68	54,300	\$695.29	
3254	Transitional Medicaid Worksheet	37	66	89,000	\$689.14	
1539	Homemaker Services Work Plan Calendar	17	25	8,600	\$680.80	
3068	Application for Individuals Under 21 Years of Age	21	28	8,600	\$677.34	
2954	Regulations for Private and Public Group Day Care	8	12	1,025	\$676.50	
27113 P2	File Control	6	12	39,000	\$673.90	
3080	Medical Visa	13	18	2,758	\$649.82	
2964	Current Child Day Care Facility Staff/Caregiver In	5	9	20,250	\$649.50	
16156	Educational Income/Deduction Verification	21	34	31,600	\$641.88	
3040	Information for Indicated Child Protective Service	23	35	24,750	\$633.71	
1559	Adult Services Intake Worksheet	28	58	9,900	\$633.66	
1595	Adult Protective Services Reporting Form	33	61	23,600	\$632.37	
3755	Family Independence Work Program Exemption Ackn	22	40	13,550	\$628.72	
3214-1		29	63	0	\$623.48	-
569	Requisition for Forms, Publications or Supplies	67	99	7,050	\$620.40	
536	Travel Support Document	32	70	39,700	\$618.50	
3074	Central Registry Information for Indicated Child P	16	21	15,600	\$617.72	
3091	Child Welfare Services Face Sheet	26	54	37,100	\$617.67	
30165	Criminal Court Data	1	1	50,000	\$607.00	-
1229	Assessment Summary	33	49	38,000	\$583.01	
1250	When Opportunity Knocks...	7	10	2,050	\$574.00	
3220	OCWI Medicaid Review Documentation Sheet	27	51	44,700	\$570.77	
27171	Certificate	2	3	11,000	\$568.40	
1659	Request for Info. on Individuals Incarcerated in F	17	24	49,100	\$565.28	
1903	Case Review and Change Report for IV-E Foster Car	20	32	8,500	\$560.44	
3741	A Parent's Guide to Choosing Quality Child Care in	3	3	1,330	\$558.60	
12106	S.C. Family Independence Act of 1995 An Overview	21	31	44,179	\$553.78	
27177 P1	Order of Default	7	9	12,750	\$545.70	
3605	Support Letter to Parent/Guardian	2	2	33,300	\$539.98	
2727	Batch Control Header Automated Collection Procedur	2	3	85,100	\$539.55	
3245-A	Transitional Report Form	13	14	16,000	\$538.25	
12115	Post Employment Documentation Form	24	27	30,050	\$534.56	
1675	Mailed Recertification Form Request for Additional	24	58	45,900	\$532.44	
3611	Termination Notice	20	34	51,600	\$531.80	
1649	Request for Information on Individuals Incarcerate	20	32	44,300	\$531.67	
3906		1	1	200	\$531.00	-
1553	Personal Care Services Daily Log	6	22	29,000	\$529.86	
1152	Stop Payment Request	13	16	3,800	\$524.65	
1074	Employment Security Commission Inquiry	6	40	40,000	\$521.80	
3764 P1	FI Time Limit Closure Follow-Up Assessment	22	31	13,850	\$517.99	

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Cost"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
1841	Name Card	15	27	12,900	\$516.00	
1645	App. for Free and Reduced-Price Meals in Adult Car	2	5	725,000	\$514.80	
27182	Verified Affidavit of the Mother	5	10	5,250	\$497.80	
1555-A	Adult Protective Services Caretaker Invoice	4	6	2,425	\$491.46	
1728	SSI Recipient Request for Optional State Supplemen	17	27	41,700	\$490.60	
3606	Case Control Log	17	29	50,300	\$488.81	
3764 P2	FI Time Limit Closure Follow-Up Assessment	18	28	11,050	\$486.20	
12114	Client Referral Survey	30	37	72,500	\$484.54	
1230-C	Family Plan: Part C ?	32	37	72,300	\$484.54	
1230-D		25	29	60,000	\$484.54	
12114-A	Key for the Client Referral Survey, DSS Form 12114	23	25	55,200	\$484.54	
1634-B	Affidavit of Loss Due to a Benefit Group Misfortun	21	30	9,800	\$482.16	
2908	Family Day Care Home Reference Release (Stateme	3	4	9,000	\$479.40	
1426	Agreement of Understanding Regarding the Use of C	21	27	4,050	\$477.90	
3061	Central Registry Information for Indicated Child P	20	23	14,850	\$473.47	
3297	Notice of Medicaid Action Following Reinstatement	19	20	57,100	\$472.60	
3298	Ex Parte Checklist	14	14	9,800	\$472.60	
3717	Participation Agreement	22	33	25,900	\$471.38	
3458	Disaster Food Stamp Assistance Affidavit of Loss	1	2	6,800	\$470.00	-
27125	Payor's Answer	1	20	38,100	\$463.34	
2926	Health Assessment Form	9	16	58,200	\$460.50	
2438	Methods of Administration Regarding Compliance Wit	3	3	1,025	\$455.75	
3266-A	Continuing Disability Review (CDR) Notice	10	11	45,500	\$454.05	
3218-1	Insert for Vocational Rehabilitation Referral for	24	33	65,200	\$453.68	
3218-C	Buy-In Accretion Request	23	28	62,000	\$453.68	
2902	Application to Operate a Child Day Care Facility	8	11	41,900	\$452.86	
1230-B	Family Plan: Part B ?	31	38	36,900	\$452.66	
2901	Medical Statement Child Day Care Facilities	8	10	35,800	\$445.50	
2790	Final Order of Support Default	1	1	2,500	\$442.00	-
2783	Final Order	1	1	2,500	\$442.00	-
2959	Regulations for Child Day Care Centers and Group D	7	10	830	\$433.50	
3071	Notice of Emergency Custody Actions	27	37	24,700	\$433.20	
27154	Questionnaire	1	8	36,500	\$432.40	
3803	Interview Procedural Guide	3	4	500	\$430.00	
3800-C	FI Information and Referral Services Determination	32	39	87,500	\$422.18	
3721	Making the Most of Your Job Interview	8	12	4,200	\$420.00	
3016	Case Plan -- Treatment Services	11	18	10,950	\$416.82	
2619-A	Account of Claim Activity/Report	22	37	30,600	\$413.10	
27184	Notice of Hearing	6	10	5,650	\$411.32	
2912	Regulation Compliance Record of Renewal Study Chi	5	5	3,925	\$400.35	
1207	Vital Statistics Verification	20	47	31,700	\$398.56	
1511	Foster Parent Questionnaire and Autobiography	19	26	4,225	\$396.43	
DMVM 3/7		14	28	6,600	\$396.00	
3641-C	Supportive Life Skills Activity Documentation Form	20	23	53,100	\$392.43	
3641-B	Family Planning Education Documentation Form	19	21	52,400	\$392.43	
3635	Notification of Session Absence	12	15	45,300	\$392.43	
3621	Unable to Locate	4	5	36,500	\$392.43	
2777	Recipient's Afdvt	3	3	700	\$387.86	
3729	Work Force Development and Employment Services	6	11	4,300	\$387.00	
DMVM 3/7		15	32	6,400	\$384.00	
30131	Parent Placement/Treatment Plan	19	22	6,600	\$378.44	
1287		1	1	210	\$371.73	
1291		1	1	162	\$371.73	
3625		17	33	0	\$370.88	-
1292		1	1	162	\$369.27	
P-4		27	40	20,400	\$369.02	
1226	Family Support Home Visit Checklist	19	28	20,800	\$364.00	
3766	200% Federal Poverty Level Determination and Decla	1	2	21,000	\$363.00	
2710-1	Blood Test Fee Form (Greenville Reg. V)	3	6	39,650	\$362.63	
3626	Youth Individual Self-Sufficiency Plan	22	25	11,675	\$361.31	



# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Cost"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
3070-A	Supplemental Determination Fact Sheet	16	27	8,400	\$352.24	
3291	TEFRA In-Home Care Certification	11	19	38,700	\$350.00	-
27185	Affidavit of Default	5	8	5,625	\$346.50	
1482	Delivery Receipt	25	79	20,350	\$342.50	
1575	Informacion de Historia Familiar	12	19	29,400	\$337.38	
2921	Change in Child Day Care Facility Status Form	4	4	4,500	\$334.80	-
2483	Keep Your Home and Children Safe From Fire	13	33	9,625	\$334.75	
3816-A	Child Support Referral Child Data	20	26	19,000	\$334.28	
12101	Employment and Training Tracking Document	19	28	7,550	\$333.71	
3632	Major Parent Assessment	14	17	3,320	\$332.00	
1688	Day Care Home Provider Tier Determination	2	2	2,750	\$331.15	
30132	Child Placement/Treatment Plan	16	20	8,300	\$331.14	
1431	Orientation Checklist and Employment Notification	22	28	7,150	\$328.90	
1576	Child's Developmental History	4	4	8,000	\$325.94	
1835	While You Were Out Door Hanger	25	56	10,825	\$324.75	
27166	Order for Genetic Tests and Continuance	3	4	4,750	\$323.60	
1473	Agency Clearance Record	19	28	26,100	\$323.42	
1538	DSS Transportation Log	4	14	20,700	\$323.27	
1253-A	Request for Financial Investigation Supplement	14	31	27,800	\$317.63	
1646	Roster of Food Pgm. Participants (Free and Reduced	3	4	49,000	\$314.30	
2738	Foster Care ?	21	28	16,600	\$311.12	
3320	Claim for Reimbursement	2	3	655	\$309.28	
2792	Order for Dismissal	3	3	5,750	\$308.85	
1158	Accounts Receivable Certification	3	4	6,150	\$305.04	
1419	Non-National Holiday	31	38	250	\$305.00	-
27127	Notice of Termination of Employment	1	18	25,700	\$304.11	
2910-A	Information Form: Original Licensing/Approval Stud	2	3	4,000	\$303.15	
2457	Medical Assistance Only	16	27	10,100	\$303.00	
1189-M	Bank Deposit, Medical	2	3	34	\$301.53	
1435	Request for Salary Approval	35	38	5,100	\$298.86	
1806	Out Card	9	18	3,710	\$296.80	
2465	Assistance for Educators in Recognizing Child Abus	7	7	1,850	\$296.00	-
1407	Family Medical Leave Act Employee Notification	9	13	18,300	\$294.24	
3004	Children and Family Services Child Care Program Au	16	23	23,300	\$293.70	
30152	IV-E Retroactive Claim/Repayment Form	4	6	2,050	\$293.56	
3747	Food Stamp Employment and Training Program ?	19	23	16,200	\$289.98	
1272	Request for Financial Verification from Medical Fa	23	29	19,500	\$285.14	
1867	Planned Itinerary	18	35	24,700	\$283.47	
1260	Work Experience Component Record of Attendance a	12	17	4,650	\$282.72	
3902	MTS Services Termination Notice	9	17	2,350	\$282.00	
15103-A	Service Agreement Attachment	9	11	4,450	\$281.03	
1564	Adult Services Face Sheet Client and Household Me	15	27	8,400	\$280.08	
1685	App. for Meals for Tier I Day Care Home Provider's	2	3	2,250	\$278.95	
1844	Memo Transmittal Form	15	21	3,150	\$278.46	
1537	Request for Homemaker Services	10	12	4,700	\$278.06	
1577	Request for Payment Auth. Adult Protective Service	11	16	5,050	\$274.72	
3039	Helpline Phone Card	7	7	0	\$273.00	-
30157	Title IV-A Emergency Assistance Services Applicati	21	30	15,800	\$271.87	
2100	Training Record	20	33	17,000	\$269.20	
1258	Medicaid Supervisory Case Action Review	11	13	5,900	\$266.68	
1506	Notification to Law Enforcement	14	16	2,675	\$265.36	
2022	FI Work Program Case Participation Checklist	26	41	20,900	\$264.28	
12111	Pocket Resume	23	39	13,150	\$263.00	
3630		15	24	0	\$259.56	-
3269	Letter of Notification ?	13	25	21,000	\$256.20	
2744	License Revocation Repayment Agreement and Admi	7	7	8,700	\$254.85	
3060	Agreement for Use of Legal Services	6	7	2,950	\$253.11	
1599	Case Evaluation/Case Closure Summary	19	31	18,600	\$248.37	
2719	Change of Custodial Parent's Application for Child	3	3	21,800	\$248.31	
1650	Child and Adult Care Food Program Child Enrollment	1	2	13,000	\$248.20	

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Cost"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
1513	Original Licensing/Relicensing/Changes for Foster	20	25	13,700	\$242.10	
3727	Job Search Assignment Notice	13	18	13,300	\$242.06	
2713	Affidavit In Support of Establishing Paternity	6	10	10,850	\$239.44	
1230-A		23	30	0	\$238.59	-
3023	Notice of Meeting of the Foster Care Review Board	16	18	19,700	\$237.99	
2929	Regulatory Complaint Intake Form ?	5	5	12,500	\$237.75	
27177 P2	Order of Default	7	10	13,250	\$235.20	
1430	Statement of Candidate for Employment	26	29	13,800	\$235.13	
1558	Community Resource Development Monthly Report o	22	27	19,900	\$234.40	
30145	Service Agreement ?	7	15	3,650	\$233.95	
3329	Pre-Approval Training Checklist for Day-Care Home	1	1	2,500	\$231.80	
1825	Authorization Agreement for Electronic Deposits	25	30	5,400	\$231.12	
2925-A	Staff Evidence of Non-Conviction	3	4	18,500	\$226.55	
3703	Declaration of Cooperation	16	26	20,800	\$226.03	
1700	FI to Medicaid Transmittal Sheet	13	19	5,300	\$223.66	
15103	Service Agreement	11	14	5,200	\$223.60	
2414	Teen Companion Program	10	18	7,450	\$223.50	
1402	Purchasing Requisition/Direct Payment Form	14	16	2,325	\$223.20	
1259	Statement of Responsibility for Confidential Info.	7	8	2,550	\$222.79	
1644	Meal Count Record	1	4	52,500	\$221.50	-
1810	Request for Development/Revision of Forms/Publicat	11	13	1,900	\$220.40	
3244	Extension of the Standard of Promptness	16	26	16,500	\$220.01	
2941	Fire Inspection Request: Child Day Care Facility	5	6	15,200	\$219.20	
2905	Sanitation Inspection Request: Child Day Care Faci	5	5	16,500	\$214.20	
24116	Medicaid Estate Recovery and You	25	57	21,350	\$213.50	
3751	Work Supplementation Program Participant Agreeeme	3	5	3,450	\$211.83	
3078	Assessment Analysis	10	12	6,200	\$209.56	-
1463	Universal Name/Address Change Form	9	11	20,000	\$207.00	-
1565-S	Adult Protective Services Risk Assessment Attachme	8	16	800	\$205.60	
1610	Volunteer Service Verification Form	11	14	11,500	\$204.70	
1212	Request for Veterans Information	20	25	17,000	\$203.80	
30188		1	1	60	\$201.00	-
1590	Community Resouce Development Volunteer Travel	11	17	11,400	\$200.16	
30143	Supplemental Report Guide	2	2	161	\$199.52	
1152-A	Client's Affidavit	12	13	1,975	\$199.08	
3082	Abandoned Infants Form for Hospitals and Outpatien	1	1	2,000	\$198.80	
1468	Employee Election of Options ?	8	10	18,100	\$195.00	-
2722	Action Verification Document Action Code D6	1	2	15,000	\$194.00	-
3005	Face Sheet ?	7	11	3,150	\$193.68	
1698	Food Stamp Employment and Training Referral for P	7	9	3,700	\$193.14	
1400	Request for Announcement of Vacancy	16	17	15,100	\$192.88	
2716	Registration Statement	4	7	17,000	\$192.10	
3456-A	Application for Disaster Food Stamp Assistance Add	1	1	200,000	\$192.00	-
2736	Child Support Enforcement Transmittal #3 ?	3	3	6,000	\$192.00	
2709	UIFSA Law	2	3	1,000	\$190.00	-
2910-B	Information Form: Original Licensing/Approval Stud	4	4	2,500	\$189.25	
16145	Appointment Schedule	10	15	12,200	\$189.02	
3628	Case Record Contract Compliance Sheet	12	16	5,650	\$187.93	
1240-B-1	Letter of Notification (SSI Medicaid)	1	1	10,000	\$186.55	-
3602	Teen Companion Attendance Sheet	13	22	12,200	\$186.32	
3014	Foster Parent Relicense Application	15	21	2,375	\$186.20	
3093	Relinquishment for Adoption	13	19	8,866	\$184.29	
24122	DSS and You	10	16	4,600	\$184.00	
3640	Corrective Action Report	7	10	4,750	\$182.40	
1652-1	Production Record P.M.	1	1	10,000	\$182.00	-
1674-2	Weekly Menu Form	1	1	100	\$182.00	-
3009	Child Protective Services Control Log	11	11	8,600	\$178.88	
2411	Insuring Children's Rights	10	13	3,550	\$177.50	
2619-B	Account of Claim Activity/Report Part 2 (IPV/FR)	9	12	12,500	\$176.93	
1251	Emergency Certification for Medicaid in South Caro	6	7	2,350	\$176.72	

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Cost"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
3042	Affidavit for Alternative Placement	20	24	7,550	\$176.34	
1242	Service Agreement	8	11	1,925	\$176.33	
30133	Children's Services Case Evaluation/Case Closure S	14	23	16,100	\$175.49	
1434	Certification of Non-Conviction	13	16	9,300	\$174.84	
1222	Service Invoice	7	9	1,900	\$174.04	
3215	Pregnancy Verification	13	23	14,500	\$174.00	
2943	Summary of Child Care Facilities	1	2	8,200	\$172.09	
2922	Application: Original or Renewal Registration of F	3	4	8,500	\$171.70	
3076	Service Agreement	15	22	16,200	\$170.61	
1219	Request for Authorization to Make Protective Payme	3	4	10,500	\$170.10	
3245-S		9	10	0	\$169.26	-
1277	Intent to Return Home Statement	12	19	13,400	\$169.22	
3218-I		18	25	15,200	\$168.72	-
1628	Summary Report of Technical Assistance Visit	1	1	500	\$168.00	-
30180		1	1	40	\$168.00	-
3290	Application for TEFRA Medicaid Coverage	10	15	9,200	\$167.44	
3765	60 Day Assessment Tally	15	17	10,100	\$166.65	
3723	Family Independence/Work Program Case Review/St	9	12	5,300	\$165.36	
3326	CACFP Day Care Home (DCH) Add Form	1	1	1,500	\$162.60	
1246	Work Experience Agreement	8	9	3,250	\$162.50	
3648	Grades and Attendance Form	15	18	13,700	\$161.47	
1906	Financial Assessment and Eligibility Determination	3	3	3,500	\$161.00	
1643	Milk Inventory	1	2	40,020	\$159.00	-
27114	Request for Voluntary Wage Withholding	2	15	13,500	\$159.00	
3079	Client/Family Assessment Summary	9	9	4,150	\$158.23	
2710	Blood Test Fee Form (Columbia Reg. 2)	1	2	1,500	\$157.75	
2741	Offset Procedures	2	3	115	\$155.75	
3252	Overpayment of Medicaid Benefits	9	12	3,800	\$154.28	
27181	Order of Dismissal	2	4	2,125	\$153.00	
30191		2	2	30	\$153.00	-
1689		3	5	0	\$152.00	-
1808	Case Control Card	10	27	13,500	\$151.20	
1531	Foster Parent Contract	12	19	3,000	\$151.00	
1479	Record of Long Distance Calls	10	17	13,100	\$149.28	
3722	Employer Services	7	9	3,700	\$148.00	
3650	Quarterly Home Visit Documentation	19	22	12,800	\$144.64	
2442	Medicaid for Pregnant Women and Young Children	8	15	4,800	\$144.00	
16150	Individual Infant Meal Record	2	3	38,500	\$143.50	
30144	Service Agreement ?	6	10	1,575	\$140.49	
3286	Medicaid Eligibility Request for Alcohol or Drug T	12	14	8,700	\$139.20	
1657	Daily Menu Production Worksheet	2	2	7,500	\$138.65	
30155	Assessment Analysis/Placement Summary	5	7	2,150	\$135.45	
1250-A	Regular Foster Care Worksheet and Budgeting Recor	7	8	7,200	\$135.36	
1826-A	Employee Performance Management System	18	32	5,265	\$135.30	
1165	Service Provision Log	10	13	5,700	\$132.81	
1606-1	Alternate Approval Self-Certification Statement	1	1	25	\$131.15	
15107	Community Resource Development Volunteer Applic	12	14	11,000	\$129.80	
3629	Teen Companion Monthly Report	15	25	7,250	\$129.05	
3029	Child Protective Services Central Registry Inquiri	6	8	7,000	\$128.20	
30133-A	Case Assessment/Case Reassessment/Case Evaluat	4	6	6,800	\$127.84	
2923	App. for Original or Continuing Registration of a	2	3	3,500	\$127.30	
27105	Instructions for Financial Declaration	4	7	2,450	\$125.50	
W-9		9	14	7,200	\$125.22	
2627-A	Repayment Agreement and Acknowledgment of Debt	1	1	10,000	\$125.00	-
3653	Young Parent Program Monthly Report	3	3	11,400	\$124.88	
2935	Supervisory Review Check Sheet Child Day Care Ce	3	3	3,750	\$124.50	
27119	Clerk's Notice of Modification, Suspension, Reduct	1	12	10,100	\$123.67	
3296	Buy-In Input Data	1	1	10,000	\$123.20	-
2005	Quality Control Listing of Case Records	6	12	9,800	\$121.64	
3035	Foster Child Progress Report	16	19	9,800	\$121.52	

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Cost"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
27120	Certificate of Mailing	1	8	10,900	\$120.16	
3228	Assessment Questionnaire for MAO Institutional Pro	6	9	2,000	\$120.00	
16149	Meal Record for Infants	2	2	18,500	\$118.50	
1597-B	Foster Care Review Summary Update	10	11	6,600	\$118.14	
2946	Current Child Day Care Facility Staff/Caregiver	1	2	8,200	\$113.26	
16119	Day Care Centers Statement of Authority	2	4	900	\$113.13	
2945	Current Child Day Care Facility List of Children	1	2	8,200	\$112.93	
1279	WTA Budget Sheet	7	10	6,200	\$112.84	
3212	Title XIX Volunteer Driver Recruitment Quarterly R	8	10	3,250	\$112.06	
1694	Authorization to Convert Electronic Food Stamp Ben	1	1	1,000	\$111.93	
1636	Self-Employment Other Than Farming	10	16	8,800	\$111.76	
3324	CACFP Day Care Home (DCH) Alternate Approval U	1	1	1,000	\$111.00	-
3021	CPS Investigation Summary	5	6	10,700	\$110.58	
12102	EBT Request for Debit	8	10	2,150	\$110.08	
1682	Day Care Home (DCH) Withdrawal/Termination Form	1	1	500	\$109.75	
16157	Verification of Pharmacy/Physician Costs	9	10	9,100	\$109.71	
3037	Face Sheet Continuation	6	8	5,800	\$109.04	
2723	Certification of Annual IRS Awareness Briefing	1	3	950	\$108.88	
1267	Medicaid Expenditures Report	9	9	2,050	\$108.24	
1239	Notice of Proposed Action/Economic Services Progra	11	14	7,900	\$106.77	
2944	Original or Continuing Registration Study for a Fa	1	2	7,600	\$106.30	
3050	Bi-Annual Review of Eligibility for Foster Care Fu	3	6	5,600	\$105.28	
1563	Personal Care Services Supervisory Visit Summary	3	5	1,650	\$102.96	
3075	Foster Parent Loss/Claim Form	5	5	6,400	\$101.27	
3257	Medicaid Policy Clarification	10	10	3,600	\$100.80	
30175		1	1	1,000	\$100.00	-
3627		10	15	0	\$99.96	-
1840	Community Resource Development Registered Volun	12	15	2,206	\$99.54	
2101	External Training Activity Report	5	5	7,800	\$99.10	
1298	Collateral Contact Form	8	9	5,600	\$98.56	
3322	Summary Report of Alternate Approval Monitoring Vi	1	1	2,000	\$97.00	-
2421	Adult Services	5	11	3,200	\$96.00	
1220	Protective Payee Agreement	3	3	1,250	\$94.75	
30154	Assessment Analysis ?	7	9	2,100	\$93.66	
2707	Uniform Support Petition	5	8	4,550	\$92.82	
3008	Child Factors Checklist	3	10	1,492	\$92.64	
1641	Monthly Claim for Reimbursement	1	2	66	\$90.25	-
1573	Financial Information	6	9	4,800	\$90.24	
30107	Authorization Release of Information State Law Enf	6	16	7,600	\$89.69	
3273	Communication Letter ?	5	5	7,500	\$89.25	
1510	Physical Examination Blank for Foster Parent	12	12	7,000	\$87.56	
3058-A	Court Information Sheet Attachment	4	7	5,000	\$87.00	
2925	Director/Staff Evidence on Non-Conviction and Stat	3	3	5,500	\$86.90	
1523	Receipt for Contributions	9	13	8,000	\$84.00	
1317	Bi-Weekly Report of Daily Interview Contacts	2	3	1,050	\$80.46	
1164	Purchase of Service Reimbursement Request	10	20	6,700	\$80.40	
1837	Leave Transfer Program Recipient Request	8	9	6,800	\$79.43	
3601	Schedule for Sessions and Activities	9	12	6,700	\$79.06	
1501	Agreement to Provide Caretaker Services	5	5	1,500	\$78.80	
1408	Individual Record of Absense	18	20	6,200	\$78.41	
1811	Caseworker Communication Memo	5	14	6,100	\$78.08	
3255	General Disability Assistance Letter of Notificati	5	6	4,300	\$77.40	
1674-1	Weekly Menu Form	2	2	2,600	\$76.70	
16123	Authorization to Prosecute	6	8	5,400	\$76.32	
2415	Homemaker Services	8	13	2,950	\$76.00	
1101	Request for Check Copy	10	14	2,000	\$76.00	
3062-A	Case Transfer and/or Case Staffing Attachment	3	4	1,300	\$75.92	
3275	Medicaid Income Trust Transmittal Form	4	8	6,200	\$75.64	
1601	Referral to Human Services	14	21	6,750	\$75.60	
1552-A	Client Notice	4	4	6,000	\$75.30	

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Cost"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
1826-C	Insert Page for Performance Evaluation Forms for t	9	15	1,875	\$75.00	
30179		1	1	1,000	\$75.00	-
1297	Request for Verification South Carolina Retirement	6	7	8,000	\$74.60	
3753	Request for Removal of FI Sanction	7	9	4,400	\$74.36	
1572	Application to Adopt	6	10	3,900	\$73.32	
2650-A	Recipient Claims Operations Calculation of Retaine	6	7	5,000	\$73.00	
1597-A	Initial Foster Care Review Summary	7	8	4,000	\$72.34	
1475	Employee Identification Data Sheet	15	19	5,500	\$70.40	
1814	Employment Eligibility Verification	15	15	3,900	\$69.45	
2498	Your Right to Make Decisions About Your Health Car	7	8	1,649	\$69.45	
3058	Court Information Sheet	3	4	3,400	\$69.36	
1673	Determining Servings Per Purchase Unit for Cereal	3	4	3,000	\$69.18	
1228	Insurance Information	6	8	3,800	\$69.16	
1500	Central Registry Index	1	2	8,000	\$69.07	
2417	Qualified Medicare Beneficiaries	3	7	2,300	\$69.00	
2717	Locate Data Sheet	2	3	6,500	\$68.25	
3288	Medicaid for the Working Disabled Worksheet	6	8	3,700	\$67.34	
27146	Support Order Modification	1	1	5,000	\$64.00	-
2659	Deferred Adjudication Disqualification Consent Agr	1	1	1,000	\$64.00	-
1266	Family Independence Program and Work Experience	6	8	1,800	\$63.36	
1800	Electronic Deposits Change Authorization	8	10	4,300	\$63.35	
1642	Meal Count Record (Actual)	2	2	5,000	\$62.50	
2412	The Adoption Option	7	10	1,950	\$61.50	
27131	Intake ?	1	1	1,000	\$61.20	
24119	Adult Protective Services Reporting	8	11	3,050	\$61.00	
27174	Putative Father Information Form	1	1	50	\$61.00	-
30178		2	2	40	\$61.00	-
27186	Verified Affidavit of the Custodian	2	2	875	\$60.90	-
2958	Substitute Care Facility Form	4	4	3,200	\$60.31	
27130	Intake ?	1	1	1,000	\$60.20	
30174		2	2	40	\$60.00	-
30177		2	2	40	\$60.00	-
1103	Out-of-State Travel Request/Authorization	11	14	4,900	\$59.78	
30121	Witness Certification	7	14	4,900	\$59.78	
2631	Interview Schedule	1	1	1,400	\$59.75	
12100	Delayed Update to IEVS Match	2	12	4,700	\$59.26	
3033	S.C. Victim Statement	7	7	5,200	\$58.84	
1504	Subpoena	5	5	3,300	\$58.74	
1678	Food Stamp Program Repayment Agreement	3	7	4,700	\$58.28	
3709	Family Independence/Work Program Case Review Lo	6	7	2,050	\$58.22	
1409	Record of Employees' Variable Work Hours	8	9	4,900	\$57.82	
2610	Division of Investigation Documents Receipt	1	1	2,000	\$57.00	-
2463	So You Want to Start a Child Day Care Program?	1	1	100	\$57.00	
1532	Review of Risk Form	5	5	2,800	\$56.56	
3057	Initial Comprehensive Medical Assessment (For chil	7	7	3,000	\$56.40	
2642	Daily Account of Staff	1	1	2,000	\$56.00	-
2609-2	Statement Verification	1	1	1,000	\$56.00	-
2609	Witness Statement	1	1	500	\$56.00	-
2644	Warning of Rights	1	1	500	\$56.00	-
2609-A	Statement	1	1	10	\$56.00	-
24100	You Can Make the Difference In Someone's Life ?	4	4	1,850	\$55.50	-
1623	The Emergency Food Assistance Program Sub-Site	1	1	500	\$55.00	
27115	Notice for Parent Locate Service	1	6	4,500	\$54.90	
1149-B	Request for Direct Billing of Lodging	9	10	3,000	\$54.60	
3277	Facility ?	4	4	4,400	\$53.68	
3752	Record of Attendance and Performance	2	2	800	\$53.60	
3616	Media Parent/Guardian Permission Form	7	10	11,300	\$53.11	
2449	Information Brochure 'Good Cause'	7	7	1,750	\$52.50	
1526	Infant's Medical Record	5	5	2,900	\$51.33	
3045	Report to Court ?	8	9	4,400	\$51.14	

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Cost"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
3272	Request for CIS Access	9	10	4,400	\$50.16	
2787	Bench Warrant	1	1	5,000	\$50.15	
30184		1	1	1,000	\$50.00	-
2476	Consent for Teenage Abortion	6	6	292	\$48.96	
3025	Agreement to Place Child in Adoptive Home	8	10	3,800	\$48.64	
1845	Manual Revision Log	11	11	3,800	\$48.64	
1474	Exit Interview for Employees	10	13	1,000	\$48.00	
1209	Statement of Paternity	6	7	3,450	\$47.61	
1285		3	3	0	\$47.40	-
3036	Report to Court ?	5	6	3,600	\$47.28	
30140	Case Referral/Transfer/Staffing	1	2	800	\$46.59	
12105		2	2	0	\$46.34	-
1477	Employee Identification Card	1	1	800	\$46.31	
1023	Request for Computer Services	5	7	2,500	\$46.00	
1533	Review of Caregiver/Perpetrator Risk Factors	3	3	2,500	\$45.75	
3016-2	Treatment Plan ?	2	2	1,000	\$45.60	
2650	Calculation of Retained Child Support	2	5	3,100	\$45.41	
3024	Observation/Assessment/Evaluation Notes	5	6	3,700	\$45.14	
1265	Conciliation Request	6	8	3,550	\$44.73	
30182		1	2	20	\$44.00	-
1290	Repayment Agreement/AFDC ?	3	7	3,400	\$43.52	
3314	Claim for Reimbursement At-Risk Afterschool Snac	1	1	12,500	\$42.54	-
3315		1	1	500	\$41.50	-
2718	Notice of Determination of Controlling Order	1	2	3,500	\$41.30	
3310	Child and Adult Care Food Program in Emergency Sh	1	1	200	\$41.00	-
1635	Income From Farm Operations	3	3	3,300	\$40.99	
24107	Foster Family Program ?	15	20	4,080	\$40.80	
432-A	Employee Warning Notice	11	12	3,300	\$40.71	
2413	Adults Like... Need Protective Services	7	13	4,050	\$40.50	
1507	Attorney Time Sheet	3	3	700	\$40.46	-
2001	County Report of Case Action Taken on Quality Cont	4	6	3,200	\$40.32	
3016-A	Case Plan -- Attachment	3	5	3,500	\$40.25	
30127	S.C. Interstate Compact on the Placement of Childr	1	1	200	\$40.00	-
1512	Voluntary Placement Agreement	5	6	2,400	\$39.84	
1589	Community Resource Development Confidentiality for	4	5	3,200	\$39.68	
2739	Title IV-D Case Record Contact Sheet	2	2	3,000	\$38.40	
3085-A	Medicaid Eligibility for Child Entering Foster Car	2	2	3,000	\$38.40	
3701	Family Cap Voucher	5	6	3,400	\$38.08	
2428	Food Stamp Reporting Requirements	13	17	272	\$37.98	
3761	EBT Client Integrity Project Administrative Agreem	6	6	1,750	\$37.80	
3760	Job Club Training Class ?	9	12	1,875	\$37.50	
30105	Background Information Worksheet ?	5	7	2,300	\$37.26	
3271	Accounting of Monthly Income ?	4	4	2,900	\$37.12	
1873	Records Management Label	9	11	8,900	\$36.34	
30162-A	Foster Care Supervisory Worksheet	2	2	700	\$36.26	-
27153	Split Custody Worksheet: Worksheet B	1	1	500	\$36.00	-
1681	Food Stamp Program Agreement and Repayment (A	2	5	2,800	\$35.84	
1530	Agreement Between Counties for Foster Home Place	4	4	3,000	\$35.70	
3306	SFSP Site Information Application	2	2	650	\$34.90	
3250	Determination of Vendor Payment for Otherwise Elig	5	5	2,700	\$34.56	
3270	Schedule A	4	6	3,200	\$34.24	
2629	Report of Medicaid Overpayment to AFDC Benefit Gr	2	5	1,800	\$33.12	
1039	Foster Care Tracking System Basic Data	4	4	2,800	\$32.76	
1270	Record of Caseworker Field Activities	3	3	2,700	\$32.29	
1557	Service Code/Target Group/Plan/Compatibility Chart	4	4	800	\$32.00	-
27152	Child Support Obligation: Worksheet A	1	1	500	\$32.00	-
SCDC 14-4		1	1	4	\$32.00	-
30122	Adoptive Parent(s) Certification Statement	3	3	2,400	\$31.92	
3086	"I Want To Help!" Postcard	1	1	1,000	\$31.92	
1283		3	3	0	\$31.46	-

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Cost"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
3401	Claims for Reimbursement	1	1	100	\$31.00	
1584	Permanent Foster Care Agreement	6	6	2,400	\$30.72	
3031	Child Protective Services Central Registry Update	1	1	2,500	\$30.25	-
30189		2	2	13	\$30.25	-
30190		2	2	13	\$30.25	-
3737	Release of Information from the Department of...	1	3	650	\$29.77	-
2726	Returned Child Support Referral	1	1	250,000	\$29.00	-
2455	Special Children Need Special Families	7	11	2,900	\$29.00	
30118	Affidavit #6 ?	6	7	1,450	\$29.00	
1826	Employee Performance Mgmt. System (County, Regi	4	6	495	\$29.00	
30163	South Carolina Foster Child's Bill of Rights	11	12	3,000	\$28.00	
27155	Questionnaire	1	1	250	\$27.50	-
2405	Financial Assistance for Adopting Children with Sp	9	15	4,250	\$27.00	-
3538	Certificate of Recognition in Youth Programs Train	1	1	500	\$26.00	-
30153	Case Evaluation/Case Closure Summary	4	4	1,150	\$25.99	
1820	Correspondence Log	2	2	2,000	\$25.60	
2902-A	Application: Approval to Conduct a Child Day Care	1	1	2,000	\$25.60	-
3227	Letter of Notification ?	3	3	1,400	\$25.48	
1104	Request for Cancellation of Check	7	7	1,800	\$25.34	
2011	QC Case Revisions	1	1	200	\$25.20	-
2702	Child Support Deduction Request to SC Employment	1	1	150,000	\$25.00	-
3759	Family Life Skills Training Class ?	8	11	1,205	\$24.10	
2440	Day Care for Your Child Making the Right Choice	2	4	600	\$24.00	
3749	Work Supplementation Program Employment Descrip	5	5	1,900	\$23.18	
1654	Consolidated Recipient Claim Report	1	1	1,000	\$23.00	-
3052	Adoption Subsidy Agreement	1	1	250	\$23.00	
30151	Request for Documentation for IV-E Eligibility Det	2	2	1,200	\$22.56	
1288	Referral for Medicaid Application (To Be Attached	2	3	2,000	\$22.40	
3639	Time Analysis Daily Schedule	2	2	1,800	\$22.14	
1870	Request to Contract	5	6	1,100	\$22.00	
30181		1	1	10	\$22.00	-
30186		1	1	10	\$22.00	-
30187		1	1	10	\$22.00	-
30185		1	1	10	\$22.00	-
30176		1	1	10	\$22.00	-
3740	Application for Transitional Child Care (TCC)	4	9	1,700	\$21.76	
1777	Confidential Medicaid Complaint	3	3	950	\$21.76	
G-845 S		6	8	1,900	\$21.28	-
30102	Health Status Report	4	4	1,700	\$20.74	
2600	Welfare Complaint Form	2	3	1,600	\$20.48	
2111	Training Evaluation	4	4	2,600	\$20.38	
30192		2	2	52	\$20.25	-
3295	Emergency Medicaid Eligibility Notice Log	1	1	600	\$20.00	-
1838	Leave Transfer Program Donation Request	4	6	1,850	\$19.98	
3085	Medicaid Application for Child Entering Foster Car	3	3	1,900	\$19.57	-
30159	Application for Level A Treatment Foster Care	1	1	250	\$19.00	-
1555	Protective Services Caretaker Service Invoice	2	2	1,300	\$18.72	
3748	Work Supplementation Employer Agreement	4	5	1,500	\$18.30	
1742	Notice to Nonparticipants EPSDT Medicaid	2	2	1,500	\$18.30	
1561	Personal Care Aide Services Assignment Sheet	1	1	250	\$18.30	
1067	Problem Notification	1	1	1,000	\$18.10	-
2469	Telephone Installation Charge Discount Available f	2	2	900	\$18.00	
3030	Child Protective Services Basic Incident/People In	1	2	900	\$18.00	-
30125	Request for Non-Recurring Costs Reimbursement for	1	1	500	\$18.00	-
1133	Batch Release Form for Public Assistance Payments	1	1	500	\$18.00	-
3106	Investigative Activity Sheet (Special Investigatio	1	1	250	\$18.00	-
1591	Community Resource Development Volunteer Time S	3	3	1,400	\$17.92	-
1570-A	Request for Foster Family Home Sanitation Inspecti	3	3	1,000	\$17.70	
30195		1	1	500	\$17.50	-
30197		1	1	500	\$17.50	-

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Cost"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
30196		1	1	500	\$17.50	-
1550-A	Contract Between County DSS and Caretaker	2	2	800	\$17.44	-
3015	Child Visitation Chart	2	3	1,300	\$16.64	-
16120	Time Sheet for Day Care Centers	1	1	250	\$16.50	-
1593	Community Resource Development Information Refer	2	2	400	\$16.00	-
1593-A	Community Resource Development Client Profile She	2	2	400	\$16.00	-
30101	Openness Checklist for Adoptive Parents	4	4	1,300	\$15.86	-
2402	Problem Pregnancy Here's Help	5	7	1,275	\$15.50	-
3083	Request for Initial Assessment	2	2	1,200	\$15.36	-
30141	Comprehensive Medical Assessment	8	8	4,200	\$15.12	-
30103	Adoption and Birth Parent Services Central Intake	2	3	1,400	\$14.98	-
1574	Adult Physical Examination for Adoptive Applicants	2	3	1,000	\$14.96	-
3750	Work Supplementation Program Wage Pool Informati	1	1	500	\$14.80	-
1004	Title XX Batch Control Sheet	2	2	800	\$14.64	-
WH 380		5	5	1,300	\$14.63	-
30194		1	1	500	\$14.25	-
30193		1	1	500	\$14.25	-
30136	Agreement for Continued Placement of Persons 18 to	4	5	1,100	\$14.08	-
3026	Adoptive Home Card	3	3	350	\$14.00	-
3243	Monthly Deeming Worksheet (Parent to Child)	2	2	2,000	\$13.80	-
2531	Human Service Reporting System Desk Code Chart	4	4	335	\$13.40	-
27173	Action Request on Child Support Check	1	1	100	\$13.22	-
1588	Authorization for Release of Information	2	2	2,100	\$13.02	-
3724	Referral/Monthly Participation	1	1	1,000	\$12.80	-
1518	County Record of the Foster Home In Use	3	5	3,100	\$12.71	-
12104		1	1	0	\$12.30	-
2452	Food Stamps: Your Rights	6	8	172	\$12.04	-
2419	Adoption Guidelines and Steps to Adoption	7	19	5,500	\$12.00	-
1866	Extension of Trial Status	3	4	400	\$12.00	-
1224	Report of Medical Findings and Social Information	1	1	400	\$12.00	-
3044	A Cert. of Achievement for Successful Participatio	2	3	300	\$12.00	-
30100	Openness Checklist for Birth Parents	5	5	2,600	\$11.96	-
30134	Personal Care Aide In-Service Training Record	1	1	500	\$11.90	-
3222-I	IEVS Institutional Inquiry	3	4	3,100	\$11.47	-
3258	Commun-I-Care Referral Form	1	1	100	\$11.10	-
3097	Medical Information Birth Parent	2	3	600	\$10.86	-
3514	Certificate of Approval	5	5	404	\$10.58	-
15108		1	2	0	\$10.24	-
3242	Monthly Deeming Worksheet (Spouse to Spouse)	2	2	2,000	\$10.20	-
3757	Family Life Skills Training Class ?	1	1	500	\$10.00	-
30160	Biweekly Progress Summary Report	2	2	1,500	\$9.90	-
30130	Voluntary Placement Agreement for Adoption Plannin	2	2	500	\$9.50	-
16116	Food Stamp Employment and Training (FSE&T) Scre	1	3	500	\$9.40	-
1592	Community Resource Development Volunteer Screen	1	1	500	\$9.40	-
3235	Notice of Proposed Action ?	2	2	2,000	\$9.00	-
1247-A		2	2	0	\$8.80	-
3208	Aged, Blind or Disabled and Qualified Medicare Ben	2	2	1,900	\$8.55	-
1569	Group Care Child Placement Agreement	4	4	1,400	\$8.54	-
2401	The Adoption Reunion Register	4	5	850	\$8.50	-
3095	Application for Financial Assistance ?	3	3	1,200	\$7.92	-
1102	Reimbursement Request	2	2	350	\$7.91	-
16124	Workshop Registration	1	1	70	\$7.89	-
1284		2	2	0	\$7.86	-
30113	Agreement to Place Child in Pre-Adoptive Home	3	4	1,400	\$7.84	-
27176	Grandparent Referral Form	4	5	2,000	\$7.80	-
3241	Medically Needy Worksheet for the Aged, Blind or D	1	1	1,500	\$7.80	-
2475	Important Information About Nonrecurring Costs for	5	9	3,050	\$7.50	-
3309	App. for Participation for Day Care Home Sponsorin	1	1	25	\$7.29	-
1583	Reference for Foster Parents	3	3	1,900	\$7.22	-
1625	Sponsor Application for Participation	1	1	3,000	\$7.00	-



# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Cost"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
1100	Undeliverable Check Log	1	1	200	\$7.00	
1108	Signature Authorization Card	4	5	349	\$6.98	
30108	Hospital Release	2	2	500	\$6.70	
30115	Denial of Paternity	3	3	600	\$6.60	
1546	Agreement to Provide Caretaker Services	2	2	500	\$6.45	
3068-A	Documentation Sheet	1	1	500	\$6.40	
1281		1	1	0	\$6.22	-
3222	IEVS Recipient Inquiry	3	3	1,700	\$6.12	
27121	Order of Modification, Suspension or Termination o	1	1	500	\$6.10	-
1571	Reference Letter for Adoptive Applicants	3	3	800	\$6.08	
2510	Statement of Income	1	1	600	\$6.00	-
3525	Certificate of Recognition (County)	1	2	300	\$6.00	-
3092	Internal Case Review Homemaker Services (DSS Pr	1	1	750	\$5.85	-
1128	Statement of Services and Maint. Costs in Lieu of	6	6	51	\$5.61	
16100	Monthly AFDC Recipient Claims Activity Report	1	1	500	\$5.50	-
15109	Emergency Protective Custody of a Vulnerable Adult	3	3	1,100	\$5.17	
2408	Administrative Disqualification Hearings	18	22	8,200	\$5.00	-
2907	Listing of Licenses, Closures and Letters	1	1	1,000	\$5.00	
1147	Request for Official Travel Cash Advance	5	5	1,200	\$4.92	
G 845 S		3	4	425	\$4.76	
1402-A	Purchasing Requisition (Continuation)	1	1	50	\$4.66	-
3281	Verification of County Maintained Bank Accounts fo	3	3	700	\$4.48	
16113	Investigation Response/Feedback Sheet	1	1	1,000	\$4.40	-
2215	Financial Report	5	5	146	\$4.38	
1296-D	Addendum to the HHSFC 181 on Department of Ment	3	3	1,200	\$4.32	
30162	Foster Care Supervisory Worksheet	1	1	200	\$4.32	-
3003	Computing IV-E Income Eligibility Income Limit Tes	2	3	900	\$3.96	-
3096	Financial Assistance Determination ?	1	1	600	\$3.96	
30109	Fact Sheet for Infants in Temporary Foster Care	1	2	1,000	\$3.80	
16108	Food Service Operations Food Loss Report	2	2	1,000	\$3.80	
1126	County Expenditure Statement	4	4	500	\$3.70	
3030-A	Child Protective Services Basic Person Input Form/	1	1	300	\$3.60	-
16133	Investigation Referral Form	1	1	200	\$3.46	-
FNS 524		1	1	1,000	\$3.40	
2018	Food Stamp Quality Control Authorization for Eligi	1	1	1,000	\$3.40	-
2904-A	Info. Form for Orig. Licensing Study, Part A, Fami	1	1	500	\$3.35	-
3815	Supervisor Checklist	1	1	500	\$3.20	-
30114	Affidavit for Return of Child from Voluntary Place	2	3	300	\$3.18	-
3719	FS Employment and Training Program ?	1	1	250	\$3.00	-
3702	FSE&T ?	1	1	250	\$3.00	-
2490	Someone May Need Your Help	2	2	52	\$2.60	
3231	Resource Assessment Worksheet	2	2	600	\$2.46	
2426	Civil Rights Notice	7	7	41	\$2.46	
3044-A	A Cert. of Achievement for Successful Participatio	1	1	100	\$2.00	
3443	Disaster Food Stamp Voluntary Returns	1	1	500	\$1.95	-
30120	Consent to Adoption by Minor Child	2	2	500	\$1.95	-
3807-B	Your Rights and Responsibilities ?	1	1	500	\$1.70	-
2904-B	Info. Form for Orig. Licensing Study, Part B, Fami	1	1	250	\$1.70	-
1149	Request for Airline Ticket/Confirmation	2	3	400	\$1.44	
1412	County Monthly Mileage Summary Report	1	1	100	\$1.28	-
1318	Local Funds Disbursed to Clients for Emergency Ser	1	1	200	\$1.24	
3054	Child Neglect and Abuse Codes & Tables	3	4	60	\$1.20	
3006	Suspected Child Abuse and Neglect Referral for Hea	2	2	300	\$1.17	
16112	Emergency Food Assistance Application	1	1	300	\$1.02	-
3028	Child Protective Services Caseworker Input Form	1	1	200	\$0.98	-
1514	Health Insurance Claim Form	1	1	200	\$0.76	
1024	Pickle Address Updates - Deletions	1	1	300	\$0.72	
30104	Service Plan Birth Parent Services	1	1	100	\$0.66	-
3051	Basic Foster Care Application	1	1	100	\$0.64	
1127	Provisions Under Rent of Premises Agreement	2	2	12	\$0.60	

# Summary of Ordered/Printed Forms

FY99-00 through FY00-01

Sorted by "Total Cost"

Form No	Title	Program Area Usage	Number of Orders	Total Forms Ordered	Total Cost	Not Ordered FY00-01
1125	County Fiscal Authorities Annual Statement - Use o	7	7	57	\$0.57	-
30116	Affidavit #2 ?	1	1	100	\$0.46	-
3450	Daily Disaster Food Stamp Application Log	1	1	100	\$0.39	-
3449	Disaster Food Stamp Distribution Notice of Denial	1	1	100	\$0.36	-
3448	Application Review Sheet Relative to Agency Employ	1	1	100	\$0.36	-
2453	Food Stamps: Your Responsibilities	1	1	3	\$0.12	-
24103	Never Shake A Baby (Jeanie)	1	1	2	\$0.06	-
1217-2	Client Information Summary	2	49	2,054,800	\$0.00	-
Voter Regi		35	179	254,600	\$0.00	-
24118-B	Card Holder	47	303	205,585	\$0.00	-
3708	Self-Directed Job Search Job Leads Worksheet	30	126	150,000	\$0.00	-
Voter Regi		22	38	98,700	\$0.00	-
1828	Random Moment Time Study	1	4	91,200	\$0.00	-
24118	Questions & Answers & Facts About EBT	44	133	47,245	\$0.00	-
24118-A		41	110	39,900	\$0.00	-
3001	Our Children, Our Future	22	35	38,840	\$0.00	-
3066	Caring for Children... Caring for Families... Cari	23	39	30,825	\$0.00	-
2503		23	52	26,000	\$0.00	-
2734	Child Support Enforcement Transmittal #1 ?	7	9	13,500	\$0.00	-
16161	Healthy Helpings ?	10	11	12,020	\$0.00	-
1235	Manufacturers' Coupons ?	12	20	10,900	\$0.00	-
3260	Request for Fair Hearing for Medicaid Applicant/Re	17	34	9,700	\$0.00	-
3081	IV-E Checklist	7	11	8,700	\$0.00	-
1423	Statement of Understanding for Temporary Employm	23	24	6,400	\$0.00	-
27104	Child Support Application	3	9	6,200	\$0.00	-
2735	Child Support Enforcement Transmittal #2 ?	3	3	6,000	\$0.00	-
2493	Daniel's Law	12	13	5,900	\$0.00	-
24126	South Carolina Family Independence Information and	10	12	5,850	\$0.00	-
1414	Employee Data Form	13	15	5,700	\$0.00	-
1273	South Carolina Combined Application Project	9	12	5,600	\$0.00	-
16162	Making the FS Program and Other Nutrition Program	9	10	5,250	\$0.00	-
3609	Pre-Termination Notice	13	15	4,050	\$0.00	-
1860	Transmittal for State Dirctor's Signature	4	8	4,000	\$0.00	-
Voter Regi		11	16	3,200	\$0.00	-
1456	Property Transfer Receipt	16	19	2,800	\$0.00	-
1201	Vocational Rehabilitation Referral ?	13	17	2,675	\$0.00	-
1499	Employment Information Brochure	6	7	2,600	\$0.00	-
Voter Regi		10	13	2,500	\$0.00	-
1801	Volunteer Picture ID	1	1	2,000	\$0.00	-
3731	On-The-Job Training	3	3	1,900	\$0.00	-
1846	Reception Center Registration Form	2	2	1,750	\$0.00	-
1436	Sexual Harassment Policy	7	8	1,700	\$0.00	-
2420	Personal Care I Services	3	4	800	\$0.00	-
2499	Medicaid for the Working Disabled	2	2	550	\$0.00	-
12107	EBT/Client Integrity Project Questionnaire	2	2	500	\$0.00	-
3098	Notice of Meeting of the Foster Care Review Board	1	1	400	\$0.00	-
SSA 1610		2	3	300	\$0.00	-
1801-A	Foster Parent Picture ID	2	2	300	\$0.00	-
2427	Toll-Free From Anywhere in South Carolina	10	12	170	\$0.00	-
Employee		3	3	135	\$0.00	-
Volunteer		1	1	100	\$0.00	-
3801-A	FI/FS Workbook CHIP Codes	1	1	12	\$0.00	-
3245	Transitional Report Form	2	6	0	\$0.00	-
12112		6	6	0	\$0.00	-
3807	Mailed Recertification Form	2	25	0	\$0.00	-
2500	Client Service Record Turnaround Document	2	5	0	\$0.00	-
27132	Parent Contact Form	1	1	0	\$0.00	-
Disbursem		2	10	0	\$0.00	-
12103		2	2	0	\$0.00	-



**SURVEY  
FORMS AUTOMATION:  
WHERE TO BEGIN**

**ATTACHMENT C**

# DSS

## Serving Children and Families

### FORMS AUTOMATION: WHERE TO BEGIN

Click the "Submit Survey" button, above, when you have completed this survey (or wish to save your review/completion).

Please complete and submit this survey by February 1, 2002.

1. **Today's Date:** 03/25/2002
2. **Your name:** Shirley Hanna/USER/SCDSS
3. **Your Program Area:** Graphics and Printing Unit, Procurement

**Click here to show/hide the General Help**

#### General Help

You can use your mouse to point-and-click in fields or use the TAB key to move sequentially through fields (SHIFT-TAB will take you in reverse order).

**Questions 4 & 5** provide a couple of "Helper Buttons" that provide the following function:



Display a "picklist" of all of the forms in the Master Forms Index, allowing you to quickly select a form from the picklist. Upon displaying the picklist for the Master Forms Index, by form number, you can quickly jump to that form - just start typing the form number.



Swaps the current row with the next row to help in changing the order/rank of the forms.

#### **Questions 7-10**

The little "Helper Button" ( ) will provide you with a list of predefined options from which you can select. Some questions allow you to specify an "Other" response, allowing you to enter a value that does not appear in the list of choices - you can enter your value as a "New Keyword".

You can also respond without using the Helper Button ...

- For values that take a "Yes" or "No", you can use the Helper Button to select "Yes" or "No", or with the Helper Button and just pressing "Y" or "N".
- Use the space bar to toggle through predefined choices ... for "Other" responses, just type your response.

#### **4. Most Important Forms**

In order of importance, list the five forms that you consider to be the most important forms you use to complete at DSS. (Please list the form number and version date assigned to the form.)

Helper Buttons	Form Title	Form Number	Version Date
	Example: Purchase Requisition	1402	JUN 01
	Requisition for Printing Services	1850	MAR 1989
	Request for Development/Revision of Forms/Publications	1810	SEP 1990
	Request for Review of a Form	1842	AUG 2000
	Employee Performance Management System	1826	JUL 1999
	Request for Leave	1421	MAY 1996

## 5. Most Quantitative Forms

In order of quantity used, list the five forms that you use in the largest quantity to conduct your daily activities at DSS. (Please list the form number and version date assigned to the form.)

Helper Buttons	Form Title	Form Number	Version Date
	Example: Purchase Requisition	1402	JUN 01
MFI Swap	Requisition for Printing Services	1850	MAR 1989
MFI Swap	Communication Slip	1416	SEP 2000
MFI Swap	Request for Development/Revision of Forms/Publications	1810	SEP 1990
MFI Swap	Request for Leave	1421	MAY 1996
MFI	Request for Review of a Form	1842	AUG 2000

## 6. Time Spent

Of the forms that you identified as the five most important and the five largest quantity used, how much time do you spend completing one of each of the forms? (Indicate time in hours and minutes.)

	(6) Completion Time	
	Hours	Minutes
Requisition for Printing Services (1850)		5
Request for Development/Revision of Forms/Publications (1810)		5
Request for Review of a Form (1842)		5
Employee Performance Management System (1826)	3	30
Request for Leave (1421)		3
Communication Slip (1416)		2

## 7. Database-based Forms

Of the forms that you identified as the five most important and the five largest quantity used:

- Which forms are linked to a database?
- Of the forms that you identified as linked to a database, identify the database software/system.
- Of the forms that you identified as linked to a database, which forms used to collect data are *active* (used to generate reports, provide historical or biographical information, retrieval by searches, etc.) or *static* (data that is filled in and filed but not used after that).
- Indicate the forms not currently linked to a database, but you think should be. In other words, the usefulness of the forms would improve if they were linked to a database.

	7(a) Linked to a Database	7(b) Software / System	7(c) Active / Static	(d) Should be linked to database
Requisition for Printing Services (1850)	No			No
Request for Development/Revision of Forms/Publications (1810)	No			No
Request for Review of a Form (1842)	No			No

Employee Performance Management System (1826)	No			No
Request for Leave (1421)	No			No
Communication Slip (1416)	No			No

#### 8-10. Workflow, Templates and Distribution

- (8) Of the forms that you identified as the five most important and the five largest quantity used:
- Identify the forms which are best suited for electronic workflow where there is a predetermined series of computer work station to work station exchanges of information that require a specific form of action before the information is moved from one station to another.
  - Of the forms you identified as best suited for electronic workflow, identify the forms that require an actual signature instead of an electronic signature.
- (9) Of the forms that you identified as the five most important and the five largest quantity used, identify the forms which are used as templates only where the information filled in is not required for storage, retrieval or assessment after the form is completed and filed.
- (10) Of the forms that you identified as the five most important and the five largest quantity used, identify the method of distribution of each form.

	8(a) Workflow	8(b) Signature	(9) Template	(10) Distribution Method
Requisition for Printing Services (1850)	Yes	Yes	No	Client Accesses Computer
Request for Development/Revision of Forms/Publications (1810)	Yes	Yes	No	Client Accesses Computer
Request for Review of a Form (1842)	Yes	Yes	No	Client Accesses Computer
Employee Performance Management System (1826)	No		Yes	Hand Delivered - Confidential
Request for Leave (1421)	Yes	Yes	No	Client Accesses Computer
Communication Slip (1416)	No		No	

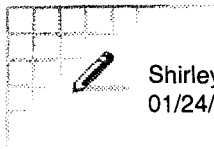
#### 11. Other Forms

Excluding the forms that you have already listed, list all other forms that you use to conduct your daily activities. (Place each entry on a new line.)



**SURVEY  
E-MAIL COVER LETTER**

**ATTACHMENT D**



Shirley Hanna  
01/24/2002 03:53 PM

To: S400 - North Tower  
cc:  
Subject: Forms Automation Survey

All Staff,

The South Carolina Department of Social Services (SCDSS) formed a committee representative of all areas of the agency in an effort to improve efficiency in business processes, improve customer service and eliminate paper at the source. The committee, named the Forms Automation Committee, has begun a process to automate the agency's official forms. To ensure that the forms that you use are targeted for automation, a survey ("Forms Automation: Where to Begin") has been created that will assist this committee in identifying important and highly utilized agency forms where automation would provide the highest all-around benefit for the agency.

Because you play an important role in the lives of our customers, your input is vital to the success of forms automation. To participate in the survey, please click here. The survey will be available through February 1, 2002, and should take no more than 5 minutes to complete. However, if you are unable to complete the survey in one sitting, or would like to refine your answers after you submit the survey, you may use this e-mail to review and refine your responses before February 1.

Thank you for your participation.

Sincerely,  
Shirley Hanna





## **SUMMARY OF USER SURVEY**

### **ATTACHMENT E**

**Black Dot:**

The black dot indicates the form should be eliminated from the "Top 20" because it is one of the following: form already automated, Medical Support form and/or other printed material.

# Summary of User Survey

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
		D+E	F+G+H	L+M+N - (K+O+P)/2											
Form Number	Title	Overall Ranking	Usage Ranking	Automation Ranking	Listed as Important	Listed as High Quantity	Program Area Usage (Population)	Highest Completion Time	Average Completion Time	Linked to DB	Active	Should be Linked to DB	Workflowable	Signature Required	Existing Template
1245	Request for Wage Information	171	124	47	69	17	38	45	6.81	6	1	33	31	17	13
3062	Case Transfer and/or Case Staffing	132	105	27	47	20	38	75	25.54	7	4	18	19	18	3
• 1	DSS Letterhead	125	117	8	57	14	46	50	18.13	12	3	10	11	7	14
• 1402	Purchase Requisition	114	93	21	43	13	37	50	14.50	24	14	11	23	21	9
1665	Benefit Group Composition Verification Form	109	89	20	34	28	27	45	5.04	1	1	13	13	7	6
3800	Application	105	88	17	41	17	30	60	17.71	5	1	10	19	16	6
1216	Voluntary Child Support/Contributions Form	97	73	24	35	13	25	15	4.93	0	0	14	18	10	6
1421	Request for Leave	96	79	17	39	9	31	50	7.59	2	1	13	14	14	6
1269	Request for Support Services	84	58	26	27	11	20	30	12.00	3	2	17	19	15	6
569	Forms	82	65	17	32	2	31	50	20.24	0	0	13	11	11	4
1669	Request to Applicant for Information	78	59	19	23	17	19	60	9.76	3	2	12	10	2	5
• 536	Travel Voucher	77	72	5	36	6	30	45	16.90	18	8	4	14	14	10
• 3229	Notice of Approval/Denial Medical Assistance/Op	63	38	25	23	6	9	20	6.96	0	0	17	9	1	2
1234	Client Referral/Communication Form	62	40	22	19	9	12	30	11.05	1	0	14	13	6	3
3087	Safety Plan	60	54	6	23	7	24	50	26.36	1	1	4	5	5	2
1672	workbook	60	41	19	18	7	16	60	24.63	1	1	13	7	3	1
30133	Case Evaluation/Closure	57	43	14	19	9	15	75	36.00	6	5	7	10	8	2
3016	Treatment Plan	56	43	13	18	9	16	45	34.58	3	2	10	7	7	2
2530	Worker Activity and Contacts	56	40	16	13	9	18	30	15.25	4	3	8	8	1	1
3801	Workbook	53	39	14	17	9	13	40	26.00	4	4	6	9	0	6
• 1217	Client Information Summary	52	36	16	25	1	10	30	11.88	6	3	9	9	3	1
2012	landlord form	50	37	13	14	10	13	10	3.35	1	0	9	9	5	5
1855	Employee Time Sheet	49	43	6	19	5	19	50	20.16	6	2	6	9	8	8
• 1211	child support information	48	36	12	17	6	13	30	7.47	1	0	6	8	1	3
1658	separate household	48	35	13	14	10	11	10	4.05	0	0	9	9	6	5
• 1411	HRM Transaction/Salary Form	45	38	7	21	3	14	120	19.63	8	3	6	7	7	4
3077	family matrix	44	33	11	17	3	13	50	34.38	0	0	6	5	1	0
1223	school forms	44	27	17	10	9	8	15	3.93	1	0	11	8	2	1
3251	Notice of Proposed Action Medical Assistance	44	24	20	13	4	7	15	8.19	0	0	13	7	0	1
1850	Requisition for Printing Services	43	34	9	16	3	15	30	13.18	0	0	6	5	4	1
1595	Adult Protective Services Reporting Form	40	27	13	14	4	9	50	22.50	0	0	11	3	2	0
1221	client contact form	39	30	9	14	4	12	30	13.21	0	0	4	6	2	1
3027	Child Welfare Services Intake and Central Regist	37	28	9	12	4	12	30	24.50	5	5	4	5	4	1
1255	Verification of Real & Personal Prop	37	25	12	11	6	8	30	10.07	0	0	8	5	1	1
3070	Determination Fact Sheet	36	32	4	13	5	14	50	29.00	4	1	4	4	3	3
1230	Family Plan: Part C Employability Plan	33	29	4	21	1	7	45	25.20	3	0	4	7	4	7
30131	Colocacion de los Padres/Plan de Tratamiento	32	22	10	11	3	8	30	30.00	2	2	5	8	7	1
1599	case evaluation	31	25	6	13	0	12	45	28.89	1	1	4	2	2	0
1149	Direct Billing	30	26	4	14	2	10	50	15.14	7	3	0	8	5	2
3713	Authorization and Payment Invoice	30	24	6	10	2	12	45	23.33	4	2	2	7	6	1
1680	POSSIBLE CLAIM REFERRAL FORM	30	24	6	10	4	10	20	8.33	0	0	3	5	2	2
1253	Request for Financial Investigation	28	21	7	10	1	10	30	11.11	0	0	6	4	4	2
30132	Colocacion del Niño/Plan de Tratamiento	28	21	7	11	3	7	45	26.25	3	2	3	6	4	1
1296	Medicaid App. for Nursing Home	27	19	8	11	3	5	45	27.00	0	0	5	6	5	2
3800	Application for the FI Program	26	23	3	8	5	10	30	11.25	0	0	3	0	0	1
3708	Self-Directed Job Search lead sheet	25	22	3	6	7	9	15	7.00	0	0	3	1	1	2
1415	State of South Carolina Position Description	25	18	7	9	3	6	45	25.83	1	1	4	4	3	1
1826	Employee Performance Management System	24	20	4	10	1	9	50	31.67	2	1	1	6	5	1
30145	Service Agreement Child	24	16	8	4	6	6	45	33.75	1	0	6	4	4	0
1233	Medicaid Eligibility Checklist	24	14	10	10	1	3	30	7.22	0	0	5	5	0	1
3065	Notice of Unfounded Investigation	23	22	1	11	2	9	40	13.70	2	0	3	1	1	3
1597	FCRB Summary	23	19	4	7	4	8	45	37.50	3	0	3	3	1	0
1600	HS/ES communication form	23	18	5	7	2	9	30	12.63	0	0	3	3	2	1
3259	Application for Medical Assistance Aged	23	16	7	9	0	7	45	25.83	0	0	5	4	4	1

# Summary of User Survey

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
		D+E	F+G+H	L+M+N - (K+O+P)/2											
Form Number	Title	Overall Ranking	Usage Ranking	Automation Ranking	Listed as Important	Listed as High Quantity	Program Area Usage (Population)	Highest Completion Time	Average Completion Time	Linked to DB	Active	Should be Linked to DB	Workflowable	Signature Required	Existing Template
1307	Time Analysis Schedule	22	20	2	6	2	12	15	9.88	0	0	1	2	0	2
30137	Investigative Matrix	22	19	3	8	3	8	40	35.00	2	1	2	1	1	0
3213	ABD/QMB/SLMB Worksheet	22	13	9	7	2	4	15	11.67	0	0	5	5	2	1
3034	CPS guide	21	19	2	7	3	9	30	13.89	0	0	1	1	0	1
30144	Service Agreement Family	21	13	8	4	4	5	30	27.50	0	0	6	4	4	0
1513	Original Licensing/Relicensing/Changes for Fost	20	18	2	8	3	7	50	21.88	2	1	1	3	3	1
3652	Data Entry Form	20	17	3	8	3	6	30	19.00	0	0	2	1	1	0
1640	PROSPECTIVE BUDGETING WKST	20	16	4	9	2	5	30	14.00	1	0	3	2	0	2
1247	physician's statement	20	15	5	7	3	5	5	4.25	1	0	3	3	1	0
30154	Assessment Analysis Child	20	14	6	5	3	6	45	33.75	1	0	5	2	2	0
2612	sled form	20	14	6	6	2	6	30	20.00	1	0	5	5	5	2
1766	Declaration Statement	19	17	2	3	6	8	20	7.00	0	0	2	1	1	2
3025	Agreement to Place Child in an Adoptive Home	18	13	5	7	2	4	30	16.38	0	0	3	4	4	0
1103	Out-of-State Travel Request/Authorization	17	15	2	6	2	7	40	22.00	4	2	0	2	1	0
1189	Bank Deposit	17	14	3	6	2	6	10	7.33	0	0	1	2	1	0
1243	FI/Units Of Service	16	12	4	5	1	6	45	31.67	0	0	3	2	1	1
1420	Memorandum of Call	16	12	4	4	3	5	10	3.67	0	0	2	3	0	2
1229	Assessment Summary	16	11	5	5	0	6	30	25.00	0	0	3	2	1	0
3812	Economic Service Case Review Sheet	16	11	5	4	1	6	45	26.67	0	0	3	2	0	1
1667	CLIENT INFO QUESTIONNAIRE	16	10	6	4	1	5	60	22.00	1	1	2	3	0	0
3207	Medicaid Review Form	16	9	7	4	1	4	30	20.00	0	0	5	4	3	2
1695	Electronic Benefits Transfer Program EBT Card	15	13	2	4	1	8	10	5.67	0	0	0	3	3	0
1559	Adult Service Intake Form	15	13	2	6	2	5	75	55.00	1	1	1	1	1	1
1648	ADMINISTRATIVE CONSENT AGREEMENT/W	15	12	3	8	0	4	30	12.00	0	0	2	2	2	1
30155	Assessment Analysis/Placement Summary	15	11	4	3	3	5	30	22.50	0	0	3	1	1	0
1203	Request for Replacement Medicaid Identification	15	11	4	6	1	4	30	11.67	1	0	3	2	1	1
2012	landlord statement	15	11	4	5	1	5	10	4.33	0	0	3	2	0	2
3214	Medicaid Application/Review Form	15	9	6	4	2	3	15	12.50	0	0	5	1	0	0
2619	Account of Claim Activity/Report	14	14	0	6	3	5	30	14.33	0	0	0	0	0	0
1807	Master File Card	14	13	1	7	0	6	15	6.83	0	0	0	1	0	0
3058	Court Information Sheet	14	13	1	7	0	6	45	30.00	2	1	0	2	2	0
1564	APS Face Sheet	14	11	3	6	0	5	15	15.00	0	0	3	0	0	0
3238	CIS CORRECTION REQUEST	14	11	3	6	1	4	30	13.60	2	0	2	2	1	0
1111	Receipt	14	10	4	5	0	5	30	11.60	1	1	1	4	3	1
3641	Counseling documentation	13	14	-1	5	4	5	30	30.00	0	0	0	1	1	2
1416	Communication Slip	13	13	0	3	4	6	15	5.33	0	0	0	0	0	0
3071	Notice of Emergency Custody	13	13	0	3	3	7	30	18.00	0	0	0	0	0	0
15103	Service Agreement	13	12	1	5	2	5	30	22.50	1	1	1	0	0	1
3014	foster parent relicensing application	13	10	3	5	0	5	30	25.00	1	1	1	2	1	0
1207	Vital Statistics Verification	13	10	3	2	3	5	30	11.25	0	0	3	0	0	1
1296A	Institutional Budget Sheet	13	8	5	3	1	4	15	15.00	0	0	2	3	1	0
1506	Notification to Law Enforcement	13	8	5	5	0	3	5	5.00	0	0	4	1	1	0
3078	assessment analysis	12	10	2	5	0	5	30	27.50	1	1	1	2	2	1
1424	Employee Performance Management System	12	10	2	5	1	4	120	53.33	3	1	1	2	2	0
3052	Adoption Subsidy Agreement	12	10	2	6	0	4	30	13.33	0	0	1	1	1	0
30157	emergent asst funds	12	9	3	2	2	5	10	10.00	0	0	2	2	2	0
3076	Service Agreement	12	9	3	4	1	4	45	28.33	1	0	2	2	2	0
3091	Face Sheet	11	10	1	5	0	5	15	15.00	0	0	1	0	0	0
1662	review forms	11	10	1	5	1	4	30	25.00	0	0	1	0	0	0
3807	Mailed Recertification Form	11	10	1	4	1	5	30	13.00	1	0	1	1	1	1
1408	Individual Record of Absense	11	9	2	6	0	3	20	10.00	0	0	2	1	1	1
1810	Request for Development/Revision of Forms/Pub	11	9	2	3	1	5	15	10.00	0	0	1	2	1	1
3801/1662	Workbook/Review	11	9	2	4	2	3	45	31.67	0	0	2	0	0	0
1844	memo transmittal Form	11	8	3	3	1	4	25	10.50	0	0	2	2	1	1

# Summary of User Survey

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
		D+E	F+G+H	L+M+N - (K+O+P)/2											
Form Number	Title	Overall Ranking	Usage Ranking	Automation Ranking	Listed as Important	Listed as High Quantity	Program Area Usage (Population)	Highest Completion Time	Average Completion Time	Linked to DB	Active	Should be Linked to DB	Workflowable	Signature Required	Existing Template
2700	Medical Assistance Child Support Referral Form	11	7	4	2	2	3	30	17.50	0	0	2	2	1	0
3059	License Certificate	11	7	4	5	0	2	50	18.75	0	0	2	2	1	0
1565	Adult Protective Services Risk Assessment	10	9	1	4	1	4	0	0.00	2	2	0	0	0	0
432	employee warning notice	10	9	1	6	0	3	30	17.50	1	1	0	1	1	0
30188	Case Transfer/Staffing Form	10	8	2	3	2	3	30	25.00	0	0	2	0	0	0
3801B	Interface Inquiry	10	7	3	4	0	3	30	17.50	1	1	1	2	0	1
181	DHHS Medicaid	10	7	3	3	1	3	7	6.00	0	0	2	1	1	0
2619A	Acct. of Claim Activity Report	10	7	3	3	1	3	5	5.00	0	0	2	1	1	0
30113	Agreement to Place Child in an Pre-Adoptive Ho	10	7	3	3	1	3	30	22.67	0	0	2	2	2	0
1231	request for level of care	10	6	4	3	1	2	10	5.75	0	0	3	1	0	0
3021	CPS Investigation Summary	10	6	4	2	1	3	30	30.00	0	0	2	3	2	0
1588	Authorization for Release of Information	9	10	-1	5	0	5	5	3.67	0	0	0	0	0	1
30122	Adoption Certification Statement	9	9	0	5	1	3	30	15.80	0	0	0	0	0	0
3040	Notice of indicated Investigation	9	8	1	2	2	4	15	15.00	0	0	0	1	1	0
3023	FCRB Letters of Invitation	9	8	1	3	1	4	45	28.75	1	0	1	1	0	1
2100	Training Record	9	8	1	4	0	4	5	2.75	1	1	0	0	0	0
1226	Family Support Home Visit Checklist	9	8	1	4	0	4	30	30.00	1	0	0	1	0	0
3214-2	Medicaid Low Income Families Worksheet	9	7	2	2	2	3	45	23.33	0	0	1	1	1	0
3901	Service Note Form	9	7	2	4	0	3	45	30.00	2	0	2	2	1	1
3068	Application for Individuals Under 21 Years of Ag	9	6	3	2	1	3	30	30.00	1	1	1	2	2	0
3816	Child Support Referral Absent Parent Data	9	6	3	1	2	3	25	9.33	0	0	2	2	2	1
1280	Verification of Life Insurance Values	9	6	3	4	0	2	30	12.33	0	0	2	1	1	0
3004	Children and Family Services Child Care Progra	9	6	3	3	0	3	50	50.00	1	0	2	2	1	1
1577	Request for Payment Auth. Adult Protective Serv	8	8	0	4	1	3	75	53.33	0	0	0	0	0	0
3629	Monthly Report	8	8	0	4	0	4	45	45.00	0	0	0	0	0	0
1126	County Expenditure Statement	8	7	1	4	0	3	15	10.00	1	1	0	1	1	0
1282	Acknowledgement of Responsibilities Authorized	8	7	1	3	1	3	10	6.00	0	0	0	1	1	0
1104	REQUEST FOR CANCELLATION OF CHECK	8	6	2	3	0	3	5	3.67	0	0	1	1	0	0
3218	Voc Rehab Disability Report	8	6	2	3	1	2	30	25.00	0	0	1	1	1	0
1456	Property Transfer	8	6	2	3	1	2	10	10.00	0	0	2	0	0	0
30200	Indicated Child Protective Services Investigation	8	6	2	3	0	3	15	8.33	0	0	1	1	1	0
3707	FI Staffing Summary	8	6	2	2	1	3	0	0.00	0	0	1	1	0	0
1632	authorized representative	8	5	3	2	0	3	5	5.00	0	0	1	2	0	1
3801B	Interface Inquiry Results	8	5	3	1	2	2	60	43.33	0	0	3	1	1	1
3717	Participation agreement	8	5	3	3	0	2	5	3.00	0	0	2	1	1	0
Pilot form	Staffing Sheet	8	5	3	1	1	3	30	30.00	0	0	2	1	1	0
3902	MTS Services Termination Notice	8	4	4	3	0	1	30	15.50	2	1	2	2	1	0
1619	change of report	7	6	1	1	2	3	5	5.00	0	0	1	0	0	0
3641 B	Family planning Education Documentation Form	7	5	2	0	3	2	30	30.00	0	0	1	1	1	0
1400	Request for Announcement of Vacancy	7	5	2	3	0	2	15	12.50	0	0	2	0	0	0
12114	Client Referral Survey	7	4	3	2	1	1	10	7.67	0	0	2	1	0	1
3800C	FI Information/Referral Service	7	4	3	1	1	2	5	3.50	0	0	2	2	1	2
3626	youth individual self-sufficiency plan	7	4	3	2	0	2	30	30.00	0	0	2	1	1	0
3005	Face Sheet	7	4	3	0	2	2	30	25.00	0	0	2	1	0	0
2912	Renewal Study of Child Day Care Ctr	7	4	3	2	1	1	25	21.67	0	0	2	2	2	0
2738	Foster Care Child Support Referral	7	4	3	2	0	2	30	25.00	0	0	2	1	1	0
1678	Food Stamp Repayment Agreement	6	6	0	3	1	2	10	4.33	0	0	0	0	0	0
1668	Authorization for Special Investigation	6	6	0	3	1	2	5	3.00	0	0	0	0	0	0
P-4	Employee's Withholding & Deductions	6	5	1	1	2	2	20	12.50	0	0	1	0	0	0
1248	Work Experience Contract	6	5	1	2	1	2	30	18.33	0	0	1	0	0	0
ABC Form	ABC Child Care Voucher System Self-Arranged	6	5	1	2	1	2	5	5.00	0	0	0	2	2	0
1239	DSS notice proposed action	6	5	1	2	1	2	7	7.00	0	0	1	0	0	0
1434	Certification of Non-Conviction	6	5	1	2	1	2	3	3.00	0	0	1	0	0	0
1802	Receptionist Log	6	5	1	3	1	1	0	0.00	0	0	0	1	0	0

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Form Number	Title	Overall Ranking	Usage Ranking	Automation Ranking	Listed as Important	Listed as High Quantity	Program Area Usage (Population)	Highest Completion Time	Average Completion Time	Linked to DB	Active	Should be Linked to DB	Workflowable	Signature Required	Existing Template
1012	Order Requisition Log	6	5	1	3	0	2	5	5.00	0	0	1	0	0	1
1238	Change of Address/Notification	6	5	1	1	1	3	10	10.00	0	0	1	0	0	1
1227	Family Support Assessment Survey	6	5	1	2	0	3	30	30.00	1	0	0	1	0	0
ABC Form	ABC Child Care Voucher System Self-Arranged	6	5	1	2	1	2	10	8.33	0	0	0	2	2	0
30174	Worker Activity	6	5	1	0	2	3	30	25.00	1	1	0	0	0	0
1230-C	Family Plan Part C Employability Plan	6	4	2	2	1	1	15	11.67	0	0	2	2	2	2
3269	Letter of Notification	6	4	2	2	0	2	5	3.00	0	0	1	1	0	0
30153	Case Evaluation/Case Closure Summary	6	4	2	2	0	2	7	7.00	0	0	2	0	0	0
1258	Medicaid Supervisory Case Action Review	6	4	2	2	0	2	30	22.50	0	0	1	1	0	1
252	Dept. of Health and Human Services Referral Fo	6	4	2	0	2	2	30	20.00	0	0	1	1	1	0
1647	FSE & T Communication Form	6	4	2	2	0	2	5	5.00	0	0	1	1	0	0
2619 a	acct. of claim activity	6	4	2	2	1	1	3	3.00	0	0	1	1	0	0
1741	Title XIX Med. Eligibility Author. Form	6	4	2	1	1	2	10	10.00	0	0	1	1	1	0
3226	OCWI/RIBICOFF Worksheet	6	4	2	3	0	1	15	12.50	0	0	2	0	1	0
3046	Special Pay Request for Foster Care Clients	6	3	3	2	0	1	50	32.50	0	0	2	1	1	0
3800a	workbook	6	3	3	2	0	1	30	30.00	1	0	1	2	0	0
3641-C	Teen Companion Supportive Life Skills Activity D	5	6	-1	3	0	3	0	0.00	0	0	0	0	0	1
3641-A	Service/Activity Continuation Form	5	6	-1	3	0	3	0	0.00	0	0	0	0	0	1
3016A	Case Plan Attachment - Treatment	5	5	0	2	1	2	50	40.00	0	0	0	0	0	0
1482	Delivery Receipt	5	5	0	2	1	2	30	30.00	0	0	0	0	0	0
3635	Absentee Letters	5	5	0	2	1	2	5	5.00	0	0	0	0	0	0
1201	Vocational Rehabilitation Referral Progress Re	5	5	0	1	1	3	0	0.00	0	0	0	0	0	0
2716	Registration Statement	5	4	1	2	0	2	15	15.00	0	0	0	1	0	0
3622	young parent program assessment	5	4	1	2	0	2	30	30.00	0	0	1	0	0	1
1260	Work Experience Component Record of Attenda	5	4	1	1	1	2	30	22.50	0	0	1	0	0	0
3816-c	child support	5	4	1	2	0	2	15	10.00	2	1	0	1	1	0
3800C	FI Information & Referral Services Determinatio	5	4	1	2	0	2	60	32.50	0	0	1	0	0	0
1826A	EPMS	5	4	1	1	1	2	15	15.00	1	1	0	2	2	1
30140	Case Referral/Transfer/Staffing	5	4	1	1	1	2	30	30.00	0	0	1	0	0	0
2734	Child Support Enforcement Transmittal #1	5	4	1	2	0	2	15	15.00	0	0	0	1	0	0
3807a	mr	5	4	1	2	0	2	0	0.00	0	0	0	1	1	0
3031	CPS Central Registry Update Form	5	3	2	1	1	1	2	2.00	0	0	2	0	0	0
3641 C	Supportive Services	5	3	2	0	2	1	0	0.00	0	0	1	1	1	0
3603	Youth Programs Checklist and Referral Form	5	3	2	1	1	1	20	20.00	0	0	1	1	1	0
2942	Deficiency Citation for DC Facilities	5	3	2	0	2	1	20	17.50	0	0	1	1	1	0
3746	Head of Household Designation (Food Stamps)	5	3	2	0	2	1	5	5.00	0	0	1	1	1	0
2619 b	acct. of claim activity part 2	5	3	2	2	0	1	15	8.00	0	0	1	1	0	0
3226-A	OCWI Worksheet	5	3	2	2	0	1	10	10.00	0	0	2	0	0	0
3641 A	Counseling Documentation	5	3	2	0	2	1	0	0.00	0	0	1	1	1	0
1828	Random Moment Time Study	5	3	2	2	0	1	10	5.50	0	0	1	1	0	1
1597b	foster care review form	5	3	2	1	1	1	0	0.00	1	0	0	2	0	0
1405	Purchase Order	5	3	2	2	0	1	20	11.00	1	1	0	1	0	0
3816-c	child support referral custodial parent data	5	3	2	1	1	1	2	2.00	0	0	2	0	0	0
no form #	Home study information sheet	5	3	2	1	1	1	0	0.00	0	0	0	2	0	0
3816-C	Child SSupport Custodial Parent Data	5	3	2	0	2	1	2	2.00	0	0	1	1	0	0
BER 771	ABC Voucher Approval -Parent	5	3	2	1	1	1	2	2.00	0	0	2	0	0	0
1903	Case Review and Change Report for IV-E Foster	5	3	2	1	1	1	30	30.00	0	0	1	1	1	0
1259	Confidential Information	5	3	2	1	1	1	15	15.00	0	0	2	0	0	0
gre 001	check voucher	5	3	2	0	1	2	0	0.00	0	0	1	1	1	0
2444	Estampillas Alimenticias Programa de Empleo y	5	3	2	2	0	1	10	5.50	0	0	1	1	1	0
1670	CHILD CARE PAYMENT VERIFICATION	4	5	-1	1	2	2	2	2.00	0	0	0	0	0	1
1511	Application for foster parents	4	5	-1	2	1	2	30	30.00	0	0	0	0	0	2
3704	Time Limit Extension Summary	4	4	0	1	1	2	45	45.00	1	0	0	1	1	0
30191	Service Plan	4	4	0	1	0	3	30	30.00	0	0	0	0	0	0

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30185	Eco Map	4	4	0	1	0	3	40	40.00	0	0	0	0	0	0
1262	Benefits Inquiry	4	4	0	1	0	3	0	0.00	0	0	0	0	0	0
N/A	Moving Up Program Career Enhancement Plan	4	4	0	3	0	1	10	7.50	0	0	0	0	0	0
30179	Immediate Safety Assessment	4	4	0	1	0	3	40	40.00	0	0	0	0	0	0
1504	Subpoena	4	4	0	2	0	2	10	10.00	0	0	0	0	0	0
2612	sled checks	4	4	0	2	0	2	15	8.00	0	0	0	0	0	0
County nu	Vouchers request for funds	4	4	0	0	1	3	2	2.00	0	0	0	0	0	0
CCVS For	ABC Child Care Voucher System Application	4	4	0	2	0	2	5	5.00	1	0	0	1	1	0
1039	Foster Care Tracking System Basic Data	4	4	0	2	0	2	0	0.00	0	0	0	0	0	0
3641-B	Education Documentation	4	4	0	2	0	2	30	30.00	0	0	0	0	0	0
1407	Family Medical Leave Act Employee Notification	4	4	0	1	1	2	15	12.50	0	0	0	0	0	0
3093	Relinquishment for Adoption	4	3	1	2	0	1	5	5.00	0	0	1	0	0	0
1125	County Fiscal Authorities Annual Statement - Us	4	3	1	2	0	1	15	15.00	1	1	0	1	1	0
30162	Foster Care Supervisory Worksheet	4	3	1	2	0	1	30	30.00	0	0	1	0	0	0
1101	Request for Check Copy	4	3	1	1	1	1	2	2.00	0	0	0	1	1	0
3727	Job Search Assignment Notice	4	3	1	2	0	1	5	3.50	0	0	1	0	0	0
1575	Family History Information	4	2	2	1	0	1	0	0.00	0	0	1	1	0	0
1558	VOLUNTEER SERVICES	4	2	2	1	0	1	1	1.00	0	0	1	1	1	0
1229	Assessment Summary	4	2	2	0	1	1	30	30.00	0	0	1	1	1	0
30142	Family Assessment Summary/Pre-Placement In	4	2	2	0	1	1	30	30.00	0	0	1	1	1	0
3218C	Buy In Acretion Request	4	2	2	1	0	1	3	3.00	0	0	1	1	0	0
1230c	employability plan	4	2	2	1	0	1	0	0.00	0	0	1	1	1	0
30175	referral form	4	2	2	1	0	1	30	30.00	0	0	1	1	0	0
1230-c	employability plan	4	2	2	1	0	1	20	20.00	0	0	1	1	1	0
1230C	EMPLOYABILITY PLAN	4	2	2	1	0	1	10	10.00	0	0	1	1	1	0
BER 788	Berkeley Voucher	4	2	2	1	0	1	5	5.00	0	0	1	1	0	0
3800	Application	4	2	2	1	0	1	30	30.00	0	0	1	1	1	0
3081b	interface inquiry results	4	2	2	1	0	1	5	5.00	0	0	1	1	0	0
1295	Medicaid Application For Nursing home/Waiver	4	2	2	1	0	1	45	45.00	0	0	1	1	0	1
3225	Vocational Rehab Case Referral	4	2	2	1	0	1	5	5.00	0	0	1	1	0	0
1264	Good Cause Determination/Conciliation Process	4	2	2	1	0	1	5	5.00	0	0	1	1	1	0
SP-ES-61	STOP OF EMPLOYMENT FORM	4	2	2	0	1	1	3	3.00	0	0	1	1	1	0
3800c	fi info. and referral form	4	2	2	1	0	1	2	2.00	0	0	1	1	1	0
2910A	Orig Part A Child Day Care Ctr Study	4	2	2	1	0	1	15	15.00	0	0	1	1	1	0
2929	Reg. Complaint Intake Form	4	2	2	1	0	1	45	45.00	0	0	1	1	0	0
2935	Superv. Review Check Sheet	4	2	2	1	0	1	20	20.00	0	0	1	1	0	0
3284	SSI-Related Review Form Cover Letter	4	2	2	0	1	1	5	5.00	0	0	1	1	0	1
1905	IV-E Eligibility Determination	4	2	2	0	1	1	0	0.00	0	0	1	1	1	0
1061	Request for PC Computer Services	4	2	2	1	0	1	30	30.00	0	0	1	1	1	0
3009	Child Protective Services Control Log	4	2	2	1	0	1	5	5.00	0	0	1	1	0	1
30107	Authorization Release of Information State Law	4	2	2	0	1	1	15	15.00	0	0	1	1	1	0
1690	PROSPECTIVE BUDGETING WKST	4	2	2	0	1	1	20	20.00	0	0	1	1	0	0
3801b	interface inquiry results	4	2	2	0	1	1	5	5.00	0	0	1	1	0	0
1675	Mailed Recertification Form Request for Addition	4	2	2	0	1	1	15	15.00	0	0	1	1	0	0
30124	Adoptive Child Progress Report	4	2	2	0	1	1	15	15.00	0	0	1	1	0	0
1212	Request for Veterans Information	4	2	2	1	0	1	1	1.00	0	0	1	1	0	0
2910B	Orig Part B Child Day Care Ctr Study	4	2	2	1	0	1	20	20.00	0	0	1	1	1	0
30198	Funding Request for Independent Living Service	3	4	-1	2	0	2	20	20.00	0	0	0	0	0	1
3633	Teen Companion Lesson Plan	3	4	-1	2	0	2	0	0.00	0	0	0	0	0	1
2416	Know Your Civil Rights in Social Services Progra	3	3	0	1	1	1	1	1.00	0	0	0	0	0	0
2647	Federal Fingerprint Review Transmittal Form	3	3	0	2	0	1	5	5.00	2	2	0	0	0	2
1273	South Carolina Combined Application Project	3	3	0	1	0	2	0	0.00	0	0	0	0	0	0
3264	OSS Slot Reservation Form	3	3	0	1	1	1	0	0.00	0	0	0	0	0	0
1842	Request for Review of a Form	3	3	0	1	0	2	0	0.00	0	0	0	0	0	0

## Summary of User Survey

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
		D+E	F+G+H	L+M+N - (K+O+P)2											
Form Number	Title	Overall Ranking	Usage Ranking	Automation Ranking	Listed as Important	Listed as High Quantity	Program Area Usage (Population)	Highest Completion Time	Average Completion Time	Linked to DB	Active	Should be Linked to DB	Workflowable	Signature Required	Existing Template
3067	S.C. Interstate Compact on the Placement of Chi	3	3	0	0	1	2	0	0.00	0	0	0	0	0	0
1000	Forms Inventory Control	3	3	0	1	1	1	0	0.00	0	0	0	0	0	0
30133A	Case Evaluation	3	3	0	2	0	1	15	15.00	0	0	0	0	0	0
3214-1	Medicaid Low Income Families Resource Adden	3	3	0	1	0	2	0	0.00	0	0	0	0	0	0
1171	Caashier Daly Receipt Record	3	3	0	1	1	1	0	0.00	0	0	0	0	0	0
1642	Meal Count Record (Actual)	3	3	0	1	0	2	30	30.00	0	0	0	0	0	0
1674	Weekly Menu Form	3	3	0	1	0	2	30	30.00	0	0	0	0	0	0
1552	Client Notice	3	3	0	2	0	1	10	10.00	0	0	0	0	0	0
1532	APS Review of Risk Form	3	3	0	1	1	1	0	0.00	0	0	0	0	0	0
3740	Application for Transitional Child Care (TCC)	3	3	0	1	1	1	10	10.00	0	0	0	0	0	0
1463	Universal Name/Address Change Form	3	3	0	2	0	1	15	10.00	0	0	0	0	0	0
3230	Medicaid Third Party Liability Data Collection For	3	3	0	2	0	1	0	0.00	0	0	0	0	0	0
3800-B	Consent for Confidential Information	3	3	0	1	1	1	2	2.00	0	0	0	0	0	0
1158	Accounts Receivable Certification	3	3	0	1	1	1	0	0.00	0	0	0	0	0	0
SPA 007	Purchase Order	3	2	1	0	1	1	20	20.00	0	0	1	0	0	0
S502	BATCH CONTROL TICKET-GAFRS	3	2	1	1	0	1	1	1.00	0	0	1	1	1	1
3220	Medicaid Review Documentation	3	2	1	1	0	1	10	10.00	0	0	1	0	0	0
1023	RCS	3	2	1	1	0	1	0	0.00	0	0	0	1	1	0
p-4	Employees Withholding & Deductions	3	2	1	1	1	0	5	5.00	0	0	1	0	0	0
3606	Case Control Log	3	2	1	1	0	1	5	5.00	0	0	1	0	0	0
3079	Client/Family Assessment Summary	3	2	1	1	0	1	30	30.00	0	0	1	0	0	0
3648	grades and attendance form	3	2	1	0	1	1	10	10.00	0	0	0	1	0	1
3080	Medical Visa	3	2	1	1	0	1	20	20.00	0	0	1	0	0	0
SPA 006	Request for Funds	3	2	1	0	1	1	20	20.00	0	0	1	0	0	0
1230a,b,c	family plan a	3	2	1	1	0	1	30	30.00	0	0	1	0	0	0
3638	Case Plan	3	2	1	1	0	1	0	0.00	0	0	1	0	0	0
Form W-9	Request for YAxpayer ID #	3	2	1	1	0	1	2	2.00	0	0	1	0	0	0
ABC Form	ABC self-arrange Child Care Provider agreement	3	2	1	1	0	1	5	5.00	0	0	0	1	1	0
30186	Time Line	3	2	1	0	1	1	5	5.00	0	0	0	1	1	0
ABC form 1	ABC self-arrance child care provider agreement	3	2	1	0	1	1	5	5.00	0	0	0	1	1	0
27183	Notice of Continuance of Negotiation Conference	3	2	1	1	0	1	20	20.00	0	0	1	0	0	0
30156	COUNTY FLEX FUND	3	2	1	0	1	1	15	15.00	0	0	1	0	0	0
38001	application/fs/fi/medicaid	3	2	1	1	0	1	15	15.00	0	0	0	1	1	0
1475	EMPLOYEE ID DATA SHEET	3	2	1	1	0	1	1	1.00	0	0	1	0	0	1
3816-b	child support absent parent data	3	2	1	1	0	1	15	15.00	0	0	1	0	0	0
3800A		3	2	1	0	1	1	10	10.00	0	0	1	0	0	1
1698	FSE&t	3	2	1	1	0	1	1	1.00	0	0	0	1	0	0
3800a	scdss workbook	3	2	1	0	1	1	0	0.00	0	0	0	1	1	0
3800B	FI/FS?Medicaid Policy /Confidential	3	2	1	1	0	1	60	60.00	0	0	1	0	0	0
1817	Utility Listing of Counties	3	2	1	0	1	1	0	0.00	0	0	1	0	0	1
BER 777	ABC Voucher Approval-Provider	3	2	1	1	0	1	2	2.00	0	0	1	0	0	0
1430	Statement of Candidate for Employment	3	2	1	1	0	1	5	5.00	0	0	1	0	0	0
27178	Order of Financial Responsibility	3	2	1	1	0	1	20	20.00	0	0	1	0	0	0
crsf-01	DHHS oss	3	2	1	1	0	1	7	7.00	0	0	1	0	0	0
2602	Wage Information	3	2	1	0	1	1	5	5.00	0	0	1	1	1	1
3767	OJT Agreement	3	2	1	1	0	1	15	15.00	0	0	1	0	0	0
2619A	ACCOUNT OF CLAIMS ACTIVITY/REPORT	3	2	1	1	0	1	10	10.00	0	0	1	1	1	1
2619B	ACCOUNT OF CLAIMS ACTIVITY/REPORT PA	3	2	1	1	0	1	10	10.00	0	0	1	1	1	1
3807A	Mailed Recertification Form	3	2	1	1	0	1	5	5.00	0	0	1	1	1	1
27177	Order of Default	3	2	1	1	0	1	20	20.00	0	0	1	0	0	0
2001	County Report of Case Action Taken on Quality	3	2	1	1	0	1	10	10.00	0	0	0	1	0	0
CCVS form	ABC Application	3	2	1	0	1	1	15	15.00	0	0	1	0	0	0
1479	Phone Log	2	3	-1	1	1	1	0	0.00	0	0	0	0	0	1
spa 006	Request for funds	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0

# Summary of User Survey

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
		D+E	F+G+H	L+M+N - (K+O+P)/2											
Form Number	Title	Overall Ranking	Usage Ranking	Automation Ranking	Listed as Important	Listed as High Quantity	Program Area Usage (Population)	Highest Completion Time	Average Completion Time	Linked to DB	Active	Should be Linked to DB	Workflow-able	Signature Required	Existing Template
3800c	referral services	2	2	0	0	1	1	0	0.00	0	0	0	0	0	0
3800c	family independence and referral	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
3800b	workbook	2	2	0	0	1	1	0	0.00	0	0	0	0	0	0
SPA-ES61	Stop of Employment Verification	2	2	0	0	1	1	2	2.00	0	0	0	0	0	0
tsp2001	TSP Format	2	2	0	1	0	1	15	15.00	0	0	0	0	0	0
3800a	your rights and responsibilities	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
3800b	confidential information	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
3800A	Your rights and responsibilities	2	2	0	1	0	1	2	2.00	0	0	0	0	0	0
new PD/ne	Position Description	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
lan001	voucher request	2	2	0	1	0	1	50	50.00	0	0	0	0	0	0
CRCF-01	DHHS OSS ADMISSION/AUTH/CHANGE OF ST	2	2	0	0	1	1	0	0.00	0	0	0	0	0	0
3768	On-the-Job Training Contract	2	2	0	1	0	1	15	15.00	0	0	0	0	0	0
ccvs form 1	ABC child care Voucher System application	2	2	0	0	1	1	5	5.00	1	0	0	1	1	0
3722	Statement of Responsibility for Confidential Infor	2	2	0	1	0	1	5	5.00	0	0	0	0	0	0
LTR 2612	SLED CHECK FORM	2	2	0	1	0	1	25	25.00	0	0	0	0	0	0
New PD/Ne	Position Description	2	2	0	0	1	1	0	0.00	0	0	0	0	0	0
3978	ASSESSMENT ANALYSIS	2	2	0	0	1	1	0	0.00	0	0	0	0	0	0
Appendix A	ABC Child Care Program Client Rights And Resp	2	2	0	1	0	1	1	1.00	0	0	0	0	0	0
not number	dictation form	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
not number	dictation form	2	2	0	0	1	1	0	0.00	0	0	0	0	0	0
FLO 21-06	Florence Co DSS Voucher Form	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
521 SSBG	DHHS Form	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
521	Social Services Block Grant Services Rights and	2	2	0	1	0	1	5	5.00	0	0	0	0	0	0
3801b	interface inquiry results	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
2902	Application to Operate a Child Day Care Facility	2	2	0	1	0	1	5	5.00	0	0	0	0	0	0
3628	Case Record Contract Compliance Sheet	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
1716	request for medicaid ID number	2	2	0	1	0	1	15	15.00	0	0	0	0	0	0
1537	Request for Homemaker services	2	2	0	1	0	1	30	30.00	0	0	0	0	0	0
1597a & b	FCRB Summary	2	2	0	1	0	1	30	30.00	0	0	0	0	0	0
1597B	Foster Care Review Summary	2	2	0	1	0	1	30	30.00	0	0	0	0	0	0
16145	Appointment Schedule	2	2	0	1	0	1	10	10.00	0	0	0	0	0	0
1681	Food Stamp Program Agreement and Repayme	2	2	0	0	1	1	5	5.00	0	0	0	0	0	0
1700	FI to Medicaid Transmittal Sheet	2	2	0	1	0	1	30	30.00	0	0	0	0	0	0
17116	Eligibility Inquiry Log	2	2	0	1	0	1	5	5.00	0	0	0	0	0	0
1825	Authorization Agreement for Electronic Deposits	2	2	0	1	0	1	10	10.00	0	0	0	0	0	0
1814	Employment Eligibility Verification	2	2	0	1	0	1	1	1.00	0	0	0	0	0	0
1435	Request for Salary Approval	2	2	0	1	0	1	60	60.00	1	0	0	1	1	0
1826 A	EPMS	2	2	0	1	0	1	0	0.00	0	0	0	1	1	1
1826A	EPMS	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
1860	Transmittal for State Director Signature	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
3617	Recreation and Activity Permission	2	2	0	1	0	1	15	15.00	0	0	0	0	0	0
2201	Office of Audit Services Audit Point Sheet	2	2	0	0	1	1	30	30.00	0	0	0	0	0	0
2212	Documentation of Telephone Conversation	2	2	0	1	0	1	30	30.00	0	0	0	0	0	0
2223	Division of Internal Audit Monthly Time Report	2	2	0	1	0	1	30	30.00	0	0	0	0	0	0
1507	Attorney Time Sheet	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
1426	Agreement of Understanding Regarding the Use	2	2	0	0	1	1	15	15.00	0	0	0	0	0	0
2500	Worker activity & contacts	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
1230 b&c		2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
1108	Signature Authorization Card	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
1209	Statement of Paternity	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
12101	E & T TRACKING	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
1215	Self-Sufficiency Program Transaction Record	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
1216/3816c	Child support/contribution & child support referral	2	2	0	1	1	0	20	20.00	0	0	0	0	0	0
1223/3708	school form/job search	2	2	0	1	0	1	10	10.00	0	0	0	0	0	0



## Summary of User Survey

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
		D+E	F+G+H	L+M+N - (K+O+P)2											
Form Number	Title	Overall Ranking	Usage Ranking	Automation Ranking	Listed as Important	Listed as High Quantity	Program Area Usage (Population)	Highest Completion Time	Average Completion Time	Linked to DB	Active	Should be Linked to DB	Workflowable	Signature Required	Existing Template
1228	Insurance Information	2	2	0	0	1	1	0	0.00	0	0	0	0	0	0
1260	WEP Attendance and Performance	2	2	0	1	0	1	15	15.00	0	0	0	0	0	0
1246	Work Experience Agreement	2	2	0	1	0	1	15	15.00	0	0	0	0	0	0
1423	Statement of Understanding for Temporary Empl	2	2	0	1	0	1	5	5.00	0	0	0	0	0	0
1260	Work Experience Component Record of Attenda	2	2	0	1	0	1	30	30.00	0	0	0	0	0	0
1265	Conciliation Request	2	2	0	1	0	1	10	10.00	0	0	0	0	0	0
1271	Release Of Information	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
1290	REPAYMENT AGREEMENT/AFDC-MEDICAID	2	2	0	1	0	1	20	20.00	0	0	0	0	0	0
1296B	OSS Supplementation Worksheet	2	2	0	0	1	1	0	0.00	0	0	0	0	0	0
1079	Job Sequence Run Sheet	2	2	0	0	1	1	0	0.00	0	0	0	0	0	0
1414	Employee Data Form	2	2	0	1	0	1	2	2.00	0	0	0	0	0	0
2493	Daniel's Law	2	2	0	0	1	1	0	0.00	0	0	0	0	0	0
2202	Audit Report Draft	2	2	0	0	1	1	30	30.00	0	0	0	0	0	0
2508	Transfer of Case Management	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
3042	Affidavit for Alternative Placement	2	2	0	1	0	1	15	15.00	0	0	0	0	0	0
30148	Children's Services Referral Application	2	2	0	1	0	1	30	30.00	0	0	0	0	0	0
30180	Safety Plan	2	2	0	1	0	1	5	5.00	0	0	0	0	0	0
3218a		2	2	0	0	1	1	5	5.00	0	0	0	0	0	0
30192	Family Centered Services Treatment Summary	2	2	0	0	1	1	30	30.00	0	0	0	0	0	0
2612	sled	2	2	0	1	0	1	5	5.00	0	0	0	0	0	0
3029	Central Registry	2	2	0	0	1	1	4	4.00	0	0	0	0	0	0
3218A	Authorization for Releas of information	2	2	0	0	1	1	1	1.00	0	0	0	0	0	0
30121	Witness Certification	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
3205	Case Request/Transfer Form	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
30587	Court Information Sheet	2	2	0	0	1	1	0	0.00	0	0	0	0	0	0
3058a, 305	Court Summary Forms	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
3151	DSS NOTICE OF PROPOSED ACTION	2	2	0	0	1	1	0	0.00	0	0	0	0	0	0
3070A	determination fact sheet	2	2	0	1	0	1	15	15.00	0	0	0	0	0	0
3072	Consent to Release Information	2	2	0	1	0	1	30	30.00	0	0	0	0	0	0
30138	Treatment Plan	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
3084	South Carolina Children's Code Reform Act of 1	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
3098	Notice of Meeting of the Foster Care Review Bo	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
3-78	Division Of Motor Vehicle Manage	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
2719	Change of Custodial Parent Application for Child	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
2619 b	acct. of claim report part 2	2	2	0	0	1	1	0	0.00	0	0	0	0	0	0
2619a	account of claim activity	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
3607	Basic Assessment	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
2707	Uniform Support Petition	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
3602	case staffing	2	2	0	0	1	1	0	0.00	0	0	0	0	0	0
27179	Agreement to Submit to Genetic Tests	2	2	0	1	0	1	20	20.00	0	0	0	0	0	0
3290	Application for Tefra	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
1042	Random Moment Time Study Transactions to Up	2	2	0	0	1	1	10	10.00	0	0	0	0	0	0
2779	Order of Continuance	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
2794	Order	2	2	0	0	1	1	0	0.00	0	0	0	0	0	0
2924	Permission Form for Child Protective Services C	2	2	0	0	1	1	5	5.00	0	0	0	0	0	0
3250	Determination of Vendor Payment for Otherwise	2	2	0	1	0	1	0	0.00	0	0	0	0	0	0
2963	Child Day Care Center List of Children	2	2	0	1	0	1	50	50.00	0	0	0	0	0	0
2964	Current Child Day Care Facility Staff/Caregiver I	2	2	0	1	0	1	50	50.00	0	0	0	0	0	0
1249	Work Experience/Workfare Provider Agreement	2	1	1	1	0	0	10	10.00	0	0	0	1	1	0
3226-a	OCWI Worksheet	2	1	1	1	0	0	10	10.00	0	0	0	1	1	0
SCDC 14-4	SCDC Requisition for Printing	2	1	1	1	0	0	3	3.00	0	0	0	1	0	0
1296a	mao institutional worksheet	2	1	1	0	1	0	15	15.00	0	0	0	1	0	0
3747	Food Stamp Employment and Training Program	2	1	1	1	0	0	2	2.00	0	0	1	0	0	0
2012	Landlord form	2	1	1	1	0	0	5	5.00	0	0	1	1	1	1

# Summary of User Survey

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
		D+E	F+G+H	L+M+N - (K+O+P)/2											
Form Number	Title	Overall Ranking	Usage Ranking	Automation Ranking	Listed as Important	Listed as High Quantity	Program Area Usage (Population)	Highest Completion Time	Average Completion Time	Linked to DB	Active	Should be Linked to DB	Workflowable	Signature Required	Existing Template
1826a	EPMS	2	1	1	0	1	0	15	15.00	1	1	0	1	1	0
16156	educational income/deduction ver.	2	1	1	0	1	0	5	5.00	1	0	0	1	0	0
3049	DSS Form 3049 ICPC 100A	2	1	1	1	0	0	0	0.00	0	0	1	0	0	0
1512	Voluntary Placement Agreement	1	2	-1	1	0	1	15	15.00	0	0	0	0	0	1
C500	Overpayment Demand Letter	1	2	-1	1	0	1	8	8.00	1	0	0	0	0	0
3800A	FI	1	2	-1	1	0	1	5	5.00	0	0	0	0	0	1
2953	Regulations for Private and Public Child Day Car	1	2	-1	1	0	1	0	0.00	1	0	0	0	0	0
1088	P.A. Monthly Activity Log	1	1	0	1	0	0	0	0.00	0	0	0	0	0	0
1100	Undeliverable Check Log	1	1	0	1	0	0	0	0.00	0	0	0	0	0	0
1072	Public Assistance Monthly Activity Log	1	1	0	1	0	0	0	0.00	0	0	0	0	0	0
1867	Planned Itinerary	1	1	0	1	0	0	2	2.00	0	0	0	0	0	0
1107	Receipt of Replacement Check Memo	1	1	0	1	0	0	0	0.00	0	0	0	0	0	0
1242	Service Agreement	1	1	0	1	0	0	10	10.00	0	0	0	0	0	0
1296c	medicaid institutional/waiver	1	1	0	1	0	0	30	30.00	0	0	0	1	1	1
1474	Exit Interview for Employees	1	1	0	1	0	0	0	0.00	0	0	0	0	0	0
3226-A	OCWI Worksheet	1	1	0	0	1	0	0	0.00	0	0	0	0	0	0



**“TOP 20” AND  
“TOP 10” FORMS  
ATTACHMENT F**

	Historical Data		Survey	Weight
	Costs	Usage	User	
1	3800	3800	1245	9
2	1669	1645	3062	6
3	3713	1245	1665	7
4	1695	1665	3800	8
5	1269	1667	1216	6
6	3801	3457	1421	6
7	1421	1421	1269	8
8	1111	3800B	569	4
9	1667	1221	1669	7
10	1245	2530	1234	7
11	1665	1216	3087	6
12	3800B	1672	1672	8
13	3062	3801B	30133	4
14	3072	1669	3016	5
15	2700-1	1223	2530	5
16	3652	2012	3801	5
17	1221	1640	2012	4
18	1672	2726	1855	5
19	2953	1695	1658	4
20	2530	1668	3077	5

	Historical Data		Survey	Weight
	Costs	Usage	User	Heaviest to Lightest
1	3800	3800	1245	9
2	1421	1421	1269	8
3	1695	1665	3800	8
4	3800B	1672	1672	8
5	1245	2530	1234	7
6	1667	1221	1669	7
7	3713	1245	1665	7
8	1669	1645	3062	6
9	1269	1667	1216	6
10	3801	3457	1421	6

RED indicates the form is ranked in the "Top 20" in all three reports.

GREEN indicates the form is ranked in the "Top 20" in two of the three reports.

RANKINGS:

Red = 3

Green = 2

Black = 1



## **METHOD OF AUTOMATION**

### **ATTACHMENT G**

The method of automation indicated by the compilation of data from Columns K, L, M, N, O and P.

**Note:**

Step 1 of the Action Plan will determine the actual method of automation for each "Top 10" form.

### **Suggested Method of Automation for "Top 10" Forms**

- 1. DSS Form 3800:** Workflow or Database
- 2. DSS Form 1421:** Database or Workflow
- 3. DSS Form 1695:** Workflow
- 4. DSS Form 3800B:** Undecided
- 5. DSS Form 1245:** Database or Workflow
- 6. DSS Form 1667:** Database or Workflow
- 7. DSS Form 3713:** Workflow or Database
- 8. DSS Form 1669:** Database or Workflow
- 9. DSS Form 1269:** Database or Workflow
- 10. DSS Form 3801:** Database or Workflow

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